



CHEMIST & DRUGGIST

The newsweekly for pharmacy

PHARMACY
EVERYDAY PAIN RELIEF
INSIDE GUIDE

September 19, 1992

HE'S BACK.



BY POPULAR DEMAND.

Sheffield plan E-mail GP links

Stalybridge pharmacy opens health library

MMR vaccines suspended

Society forms Sciences Group for BPC *et al*

Femidon offers another choice

Society seeks ex-addicts for self-help group

Lloyds pull off coup with vaccine deal

Gleeful Glaxo grow like Topsy

LOOK OUT FOR A SUPERB PERFORMANCE FROM AN ALL STAR CAST.



What
the
critics
say

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completely natural"

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Natural Sources

In addition to promoting Seven Seas Pure Cod Liver Oil, we'll also be supporting several other major attractions including Seven Seas new Multivitamins from Natural Sources.

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performance from a
blossoming talent . . ."

Evening
Primrose Oil

Primrose Oil range which enjoys increasing popularity as more and more women discover how EPO can help to keep them on an even keel.

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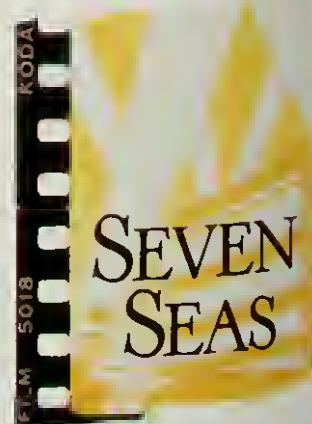
"A heartfelt
performance from a
silent star"

Höfels
Garlic Pearles

campaign featuring the famous French mime artist.

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Ask your local Seven Seas representative for details of our full 1992/93 programme.



Home of
the Star

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Comment

Last week retiring Conference Science chairman, Professor Paul Spencer announced the demise of the British Pharmaceutical Conference Science Committee, and its replacement by the Pharmaceutical Sciences Group of the Royal Pharmaceutical Society of Great Britain. In fact the old committee has been swallowed, lock, stock, and barrel by the new Sciences Group. The members of the old BPC Committee have become the founder members of the new Sciences Group (see p491), with the PSG taking on the traditional BPC Conference responsibilities, but also adding the new one of organising science events for the Society throughout the year.

Last year at Conference the then Science Committee chairman Dr Eric Tomlinson staged a "dramatic revival in the BPC science programme" (*C&D* September 21, p453) bringing together—according to Professor Paul Spencer—world class speakers in a quite amazing week of science. Throughout that week at Liverpool Dr Tomlinson beat the drum for either an even bigger science contribution at future BPC Conferences or, alternatively, a stand-alone conference for science, which would have left the rest of the profession to get on with its pharmaceutical lot.

It is laudable that the Society and its pharmaceutical scientists have managed the admirable compromise evident in the Pharmaceutical Sciences Group. Hopefully, it will draw some of the notable absentees from this year's Conference back to the main event. As Dr Tomlinson, and this week Professor Spencer, have continually underlined, pharmacy is a science-based profession and it forgets that at its peril. The profession needs to keep pharmacists abreast of pharmaceutical scientific developments, and pharmacists need to strive to keep abreast of them. The newly formed PSG will be well-placed to push forward the cause of science within the hallowed halls of the Lambeth HQ, and to promote the cause of pharmaceutical science far beyond its walls, with a well-constructed series of science symposia.

The contiguous membership of now defunct BPC Science Committee and the PSG means there is an invaluable continuity of experience on the new Group. If the Sciences Group can forcefully exploit the new opportunities now open within and without the profession, the profile of pharmacy as science will take an even greater prominence, both among scientific peers, but more importantly, among the community at large.

Sheffield FHSA looks to forge E-mail links

Following the success of computer links between GPs, hospitals and their own offices, Sheffield Family Health Services Authority is planning to extend the service to community pharmacists, and eventually to opticians and dentists as well.

Mick Ibbotson, information assistant at the FHSA, told C&D that a pilot project connecting a number of the city's GP practices with the Authority and the city's major hospitals has proved successful. There have not been any complaints from the users, he said.

The link is by way of an electronic mail system, E-mail for short, which allows the doctor to ring the FHSA and pick up

messages on his computer screen. In addition, they can transfer patient information to the Authority from their own computer files.

Current applications include change of doctor requests, changes of patient details such as address, marital status, and stock ordering requests. However, Mr Ibbotson stresses that the system is very flexible and can be used for many other applications.

With the links to hospitals, test results for patients can now be sent to GPs much quicker, he added.

The local community health council is also understood to be interested in an E-mail link.

Information about the system and a request for help with funding for the pharmacist side of the E-mail link has already been sent to the Trent Regional Health Authority. It was now a question

of waiting to hear the outcome of their discussions.

Mr Ibbotson believes the system may be useful in alerting pharmacists about stolen prescription pads and drug recalls, to give two examples. The FHSA also produces a number of circulars for pharmacists and these could also be sent out using the new system.

Martin Bennett, secretary of Sheffield Local Pharmaceutical Committee, welcomes the moves and the possible applications for community pharmacists. The E-mail system has advantages over the post in terms of time and cost, he said.

As the system is thought to run on most disk-based computer systems, there should not be problems with pharmacists using different computer systems in their shops.

Which? Medicine is critical

The pharmaceutical industry's promotional methods and the ABPI's voluntary Code of Practice come in for criticism from the latest guide to OTC and prescription medicines from the Consumers' Association.

Written by Rosalind Grant MRPharmS, pharmaceutical advisor to Avon FHSA, and previously managing editor of *Drug & Therapeutics Bulletin*, *Which? Medicine* claims to be "the only handbook on medicines and their use written for consumers by consumers". There are frequent exhortations for patients to ask their doctor or pharmacist if they have queries about their medication, and a suggested list of points which should be raised with health professionals about prescription medicines.

The book (£12.99) contains profiles of 80 of the most commonly used drugs, and advice on a further 1,500 OTC and prescription medicines.

However, the introductory section giving the background to the medicines market suggests medical representatives "aim first to persuade doctors to prescribe their company's products and secondly to inform and perhaps educate".

Reps are the "access point to free gifts, lunches and trips to sponsored meetings...many doctors see no harm in them". Over the years, heavy promotion seems most likely to have contributed to excessive and inappropriate prescribing, says Ms Grant.

Reps cannot be an impartial source of information, she concludes, and unbiased information on medicines is not provided by the industry.

Larkhall in court over Tandem IQ

Dr Woodward of Larkhall Laboratories will be attending Shrewsbury Magistrates Court on September 21 to answer charges relating to Tandem IQ. These have been brought by Shropshire Trading Standards.

It is alleged that the defendants' (Larkhall Laboratories Ltd) product is not fit for the purpose of increasing the IQ of a child.

A second summons alleges that a false trades description was applied to the defendants' product by virtue of the packaging using the words

"Tandem IQ Pack", accompanied by a description of a boy and girl each holding a book.

It is alleged that this gave a false description of the general and widespread effectiveness of the product increasing the overall intelligence quotient of the children.

The third summons concerns the leaflet contained in the pack which the prosecution says gives a false indication of the general and widespread effectiveness of the product in increasing the intelligence quotient of the children.

More mergers

The Government has

announced the October 1

merger of Bromsgrove &

Redditch and Kidderminster

and District Health

Authorities to form N

Worcestershire DHA.

No scripts is OK

A campaign in West

Glamorgan tells patients not

to expect a prescription with

every GP visit. The FHSA

wants to show that GPs are

not trying to save money by

not writing a prescription.

C&D Price Service

The following products were

incorrectly priced in the

September 12 Supplement.

The correct prices are as

follows (trade prices in

brackets): Pulmo Bally £1.97

(£1.117); Metanium £1.33

(£0.756); Bengue's Balsam

Original £1.59 (£0.900);

Bengue's Balsam S&G £1.59

(£0.900); Staycept Jelly £3.66

(£2.079); Staycept Pessaries

£2.65 (£1.506). C & D Price List

apologise.





Andrew Burr receives the *Chemist & Druggist* Medal and a cheque for £200 from Royal Pharmaceutical Society president David Coleman, for the best presentation of a paper at the Practice Research Session at last week's British Pharmaceutical Conference (*C&D*, September 12, pp465, 468). Mr Burr is independent pharmaceutical advisor to Glamorgan FHSA

Scratch card shows quality of life for cancer patients

A scratch card, rather like an instant lottery card, has been introduced to help surgeons at the Royal Marsden Hospital in London, assess the quality of life of women having breast cancer treatment.

The card, covering four weeks, is divided into 28 squares, one for each day. The patient scratches the silver surface to show the black patch. The amount uncovered indicates how bad the day has been. The completed card is scanned electronically and the result analysed by computer.

Christobel Saunders, a surgeon in the hospital's academic department of surgery says: "In our pilot studies we have found patients can be surprisingly consistent in the way they record how they have felt."

The hospital has now begun a trial with more than 200 patients, supported by ICI Pharmaceuticals, to compare the system with established methods of assessing quality of life. The Royal Marsden is also seeking a commercial partner to develop the system.

Proprietaries on FP10 fall

The percentage of proprietary medicines dispensed on NHS prescriptions continues to fall.

A report published last week shows that in 1990, proprietaries accounted for 60.1 per cent of the 360.5 million prescriptions dispensed in England, compared with 61.2 per cent the previous year and 81.3 per cent in 1980.

Non-proprietaries accounted for 37 per cent of prescriptions in 1990.

Sciences Group formed from old BPC committee

A new Pharmaceutical Sciences Group has been formed by the Royal Pharmaceutical Society from the bones of the British Pharmaceutical Conference Science Committee.

The new Committee has 11 members, just like the old one, and is made up of the existing members of the now defunct

group. Members will be elected to the Committee, then serve for three years, and retire in rotation.

The Pharmaceutical Sciences Group will retain responsibility for the science sessions at the annual BPC Conference, but will also run other scientific symposia etc, for the Society throughout the year, thus broadening the

involvement of the RPSGB in the sciences.

The move was announced by retiring Birmingham BPC Science Committee chairman Professor Paul Spencer last week.

The new chairman of the new group is Professor Malcolm Rowland, of the University of Manchester.

MMR vaccines suspended over meningitis links

The Department of Health has decided to suspend two mumps, measles and rubella vaccines — Pluserix-MMR and Immrrax — because of possible links with a form of meningitis.

This means that MMR II, made by Merck, Sharp and Dohme and distributed by Wellcome, is now the only MMR vaccine available and will be supplied irrespective of the brand ordered.

Pluserix-MMR and Immrrax both contain the Urabe strain of mumps vaccine virus which has been associated with generally mild, transient meningitis which occurs about three weeks after immunisation. The incidence of this reaction with the Jeryl Lynn strain, used in MMR II, is much lower.

The chief medical officer, Dr Kenneth Calman, emphasised this week that the risks of contracting vaccine-related meningitis were extremely small and the benefits from immunisation, whichever vaccine was used, were overwhelming.

Since MMR vaccination was introduced to the UK in October 1988, notifications of these diseases to the Office of Population Censuses and Surveys have fallen to record low levels.

Meningitis after natural mumps has been reported to occur in about one in 400 cases,

while studies undertaken by the Public Health Laboratory Service suggest that the incidence of virus positive post-immunisation meningitis from the Urabe strain may be about 1 in 11,000 immunised children.

In the latter, the illness seems to be milder and more transient than that associated with the wild virus. No confirmed cases have been associated with MMR II in the UK.

Unused stocks of Pluserix-MMR and Immrrax should be returned to the supplier as soon as replacement supplies of MMRII vaccines are received.

Both Merieux UK and Smithkline Beecham said this week that in countries where the Jeryl Lynn strain vaccine was not available, it was better to continue using the Urabe strain than to risk contracting mumps.

Dr Kevin Bryett, Merieux's managing director, said that 23 million doses had been given worldwide and he was unaware of any deaths or long term damage that had definitely been associated with the vaccine.

Smithkline Beecham are also continuing to supply their vaccine to countries where there is no alternative; trade names in other countries are Rimparix and Pariorix.

Both companies were unable

to comment on whether they would be introducing vaccines containing the Jeryl Lynn strain. Owing to manufacturing problems, single antigen plain (non-absorbed) pertussis vaccine,

manufactured by Wellcome and distributed by Evans Medical, will no longer be available, according to the same letter from Dr Calman. Efforts are being made to obtain alternative supplies.

Too many use headlice products prophylactically

Most lice lotions are used on people who do not have headlice, according to Dr John Mauder of the Medical Entomology Centre in Cambridge.

Speaking at the launch of Charwell Pharmaceuticals' headlice repellent Rappell (*C&D* July 25 p131) Dr Mauder said there were around 50,000 to 70,000 new cases of headlice each year in the UK. This was far less than the 3 million bottles of insecticide being bought each year.

This suggested that many people were using these products prophylactically in the mistaken belief that they prevented headlice infections, he said.

"This unnecessary use of pesticides on children's hair is unacceptable not only because of the effects on the environment," said Dr Mauder. "Too much insecticide is used on children in the UK, most of which is going down the drain and polluting the

environment."

Parents are more concerned about their children coming home from school infected with headlice than measles, chicken pox, colds or other common childhood ailments, according to the findings of a Mori opinion poll.

Some 4,000 parents with children under the age of 14 were interviewed and 43 per cent put headlice as their number one concern, compared to only 21 per cent about measles, warts and verrucas.

Fears have been fuelled by Press reports of an epidemic of head lice and claims that almost one in ten primary school children can expect to catch "nits", say Charwell.

"There are still too many headlice around. This is a pest we should have got rid of years ago," said Dr Mauder. "There's more worry about headlice than there are actual headlice."

Astill opens health information library

A health information library, based in the Kenyon Pharmacy in Stalybridge, Cheshire has been opened by Tim Astill, director of the National Pharmaceutical Association.

The library, which has been set up under the guidance of pharmacist Michael Johnson, is a free service to both the general public and local health professionals.

It is manned by trained members of the staff at the pharmacy who will help library users find the information they require and deal with any minor enquiries. A pharmacist will be on hand to provide expert counselling.

In addition, a panel of "experts" made up of local health professionals and paramedics is being put together with help from the local Health Promotion Unit at the District Health Authority.

The library so far consists of over 500 different leaflets covering health related subjects from AIDS to diabetes, from asthma to depression. There is also a lending library of over 200 books and a stock of 20 video cassettes. Audio cassettes, posters and a health reference index listing all the above in a logical, easy-to-use system completes the picture.

The library itself is equipped with a computer with database software and a printer to produce

questionnaires, leaflets etc. Library users can view video cassettes on a television monitor and there is a separate screen in the shop to allow patients waiting for prescriptions to watch health programmes.

Michael Johnson told C&D that the idea for the library came about from a desire to get involved in health promotion. Although the Pharmacy Healthcare Scheme is good, he believes that pharmacists should be more involved in health promotion.

While studying the marketing module of the NPA's business management course he realised that one way to attract business is to have a specific feature in the pharmacy.

He considered blood pressure, cholesterol testing and diabetes but after attending a pharmacy workshop at Hope Hospital, where he received patient information leaflets on arthritis, the idea of a library took shape.

Initially, he wrote to nearly 270 different pharmaceutical companies asking for leaflets, books, posters, videos etc. He also asked for sponsorship and the £500 received from a total of 16 different companies has paid for the TV and video recorder.

Health charities were also approached but because many charge for leaflets, the number purchased was limited. Mr Johnson is hoping that further



Michael Johnson (left), explains the thinking behind the health information library at Kenyon Pharmacy in Stalybridge, to Tim Astill. sponsorship will enable him to buy more in the future.

The library was opened to the public on September 11, the morning after Mr Astill performed the official opening ceremony.

So far the response from the public and local health professionals has been fairly good, said Mr Johnson, although one of the first requests for information — about "channel tunnel syndrome" — nearly floored him.

"After we realised that the lady meant 'carpal' and not 'channel' we were able to help her, with a little help from the NPA," he said.

Local GPs have also expressed an interest in the facilities and most have visited the library since it opened, he continued. Local nurses attended the launch and one has already borrowed a video.

Setting up the library has been linked to a research project

funded by a pharmacy practice research development grant from the Department of Health.

The idea is to determine:

- The source or sources from which the people of Stalybridge currently gain their health information and to what extent they feel the pharmacy provides for their need in this respect.
- To measure the level of uptake of information during the first 12 months of operation of the library, including a breakdown of usage title by title.
- To measure how effective the library is in providing information to the public and to determine their opinion of its use within the community.

A preliminary questionnaire has already been circulated to 1,000 people in the area and there has been a 55 per cent response rate. However, many do not think to consult their pharmacist for health information, said Mr Johnson.

Legislation has changed UK into self-medicating society

Legislation has changed the UK population into a self medicating society with sales of OTC products increasing at a rate of almost 8 per cent over the past five years, according to a new report published by Datamonitor.

In 1991, Britons spent £438 million on various remedies. This equates to £9.43 per head, a sizeable increase on the £6.99 per head spent in 1987. Datamonitor expects that the UK population will spend £508m collectively by 1996.

The report highlights the effects that the stresses and strains of everyday life are having on the nation's health. In particular, sales of indigestion remedies accounted for £45m of the total last year and there has been "something of a boom in headache assuaging preparations".

The analgesics market was valued at £148m in 1991, with a growth rate of 9.5 per cent over 1987-91. Recent trends have been towards faster-acting and ever stronger products, according to

Datamonitor's report.

In 1991, paracetamol took 58 per cent of the analgesics market in volume terms and 40 per cent in value. The growth has been largely at the expense of aspirin, says Datamonitor who predict that the leadership of paracetamol is under threat from ibuprofen and compounds. Further niche-orientated products are expected to be released onto the market.

The coughs and cold sector continues to represent the largest area of OTC remedies with a value of £152m in 1991. The trend towards increased convenience has had an important effect with cough and cold remedies now widely distributed through multiple grocery outlets.

"More consumers have started to purchase products to maintain basic medicine cabinets, thus reducing the number of visits to the chemist," the report says.

Natural alternatives to cough and cold remedies are thought to be the future for the British market.

Paracetamol purging

Young women may be using paracetamol to induce nausea and vomiting as a way of controlling their weight, according to four recent eating disorder cases published in this week's *British Medical Journal*.

One 19 year old woman suffering from bulimia nervosa reported taking around 30 tablets of paracetamol at least once a week, which led to immediate

vomiting. She described paracetamol as the most reliable method of inducing vomiting known to her.

Two other women also commented that the nausea following paracetamol abuse made them less likely to overeat afterwards.

Information about the medical consequences helped to modify these patients behaviour.

Conflict in Dulwich

An application by Lloyds Chemists for a pharmacy at a recently opened Sainsbury superstore in East Dulwich, London, is being strongly opposed by local contractors led by ex-RPSGB Council member Ashwin Tanna.

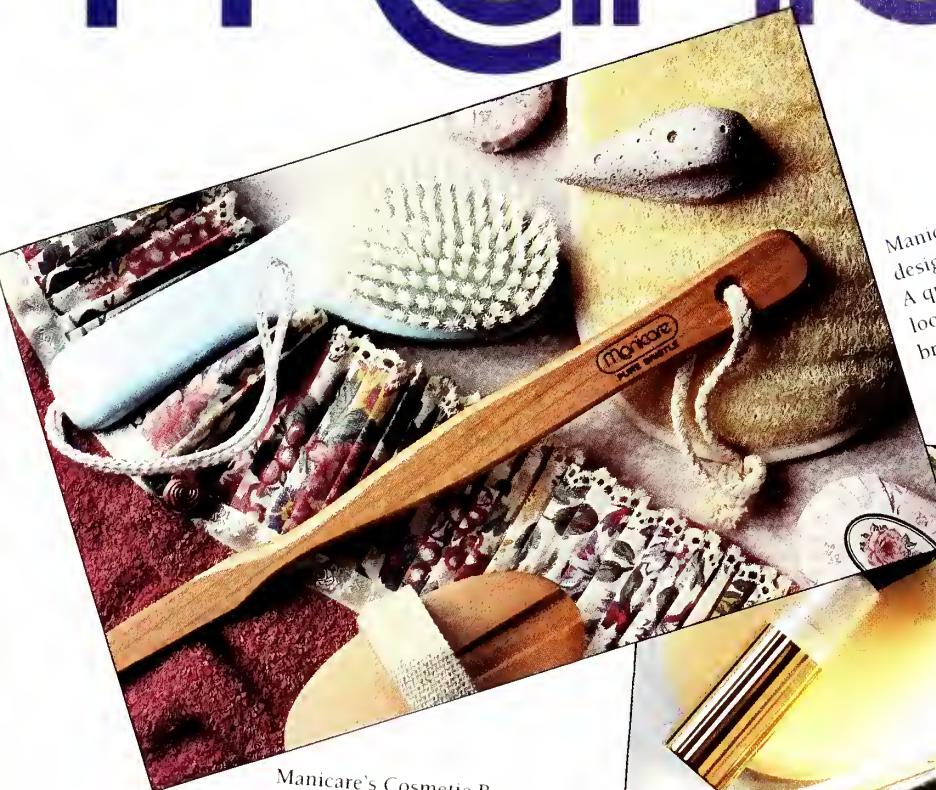
Mr Tanna argues that there are 20 pharmacies within a mile of the proposed site. He is likely to be seriously affected since his pharmacy in Lordship Lane is

close to the superstore in Dog Kennel Hill.

Lloyds argue that 25,000 customers visit the superstore every week and that it has become the focus of shopping facilities in the area. They also say they plan to open for longer hours than other pharmacies in the vicinity.

Lambeth, Southwark and Lewisham FHSAs do not expect any decision to be made for at least two months.

Manicare



Manicare's Bathroom range - designed to pamper and to please. A quality choice of popular natural loofahs and sponges, bath and body brushes you can really clean up with!



Manicare's Cosmetic Beauty range - selected for style and quality, it offers a professional, affordable choice for the fashion-conscious woman.



Manicare's Manicure/Pedicure range - proven, quality products backed by our unconditional guarantee. Truly a cut above the rest!

A CUT ABOVE THE REST

Tailormade for volume sales, Manicare's three market-leading ranges have never looked better. Proven high-volume, high-profit products feature in every range. There is a new display stand too, plus Laughton's outstanding Customer Care

Programme to really help set your sales alight.

Unbeatable products. Unbeatable quality. Unbeatable service. So stock up now. Contact Diane Ticer on 021-436 6633 today!

Like the OTC Guide, but about the price...

Dotty was delighted with her little present last week, courtesy of C&D. She has always grumbled that it was alright for me, surrounded by my tomes of wisdom. Every time I am asked an awkward question I have a multitude of reference books to turn to, but out in the shop she has had to survive on her wits, experience and if all else fails...me! It is compliments like these that makes life as the boss so rewarding!

Now she has her very own "Guide to OTC Medicines"—and what a little gem it is—packed full of easy-to-understand advice which emphasises vital information without confusion. I take pleasure in the relationships built up between myself, my staff and the customer, and am proud of the trust those customers show in our judgments. That trust, however, must be backed up by proper training and this Guide to OTC Medicines is an excellent complement to my other regular training techniques. Tucked beside the till or in an overall pocket, unlike other training systems, it can be easily read during a spare moment and with knowledge will come the informed confidence so essential for all pharmacy staff.

My only small criticism comes from the horse's mouth. All the shop girls coveted Dotty's good fortune and immediately asked for their own personal copies but they unanimously felt that £10 per extra copy was "a bit steep". I am not sure decided whether to buy a copy for each of them, but at a special offer cover price of, say £5.00 for subscribers, I would have had no hesitation. This C&D OTC Guide should be in every pharmacy assistant's pocket, and with a large print run, I am sure the gamble would have quickly paid for itself.



That nervous feeling of impending change

I have to admit to a feeling of nervousness about the proposed two year pilot study being conducted into nurse practitioners recently announced by the South East Thames Regional Health Authority. The nurse will be available for direct consultation by the patient at 20 different locations during the project, and one of these will be a pharmacy.

The role of the nurse practitioner will be to advise the public on minor ailments, with the facility to prescribe on an NHS FP10 a limited range of pharmacy and General Sales List medicines. This is a role often advocated for the community pharmacist but which has never found favour with the Department of Health.

The problem of commercial self-interest is obvious but if a nurse practitioner is to adopt a similar role from inside a pharmacy the same conflict of interest must apply.

In the long term, will nurse practitioners become bare foot doctors? Will the regrettable objections of The Royal College of General Practitioners to further moves of medicines from "POM to P", advocated in the Joint Working Party report

on the Future of Community Pharmacy, be mirrored by a similar reaction to nurse practitioners usurping the sacrosanct territory of the general practitioner?

The practice of medicine is being challenged in a similar way to the practice of pharmacy and entrenched positions may be similarly adopted. Both must, however, inevitably give way to change but that acceptance, though exciting, still does not stop me from feeling extremely nervous.

Impotent in the face of exploitation

Sobering thoughts on parallel themes from one present member of Council and one ex-member (*Letters Sept 12*). Community pharmacy is under threat from a government intent on capitalising on the profession's apparently irreconcilable differences on how best to further the interest of its community pharmacists.

The collective opinion of both Alan Nathan and Peter Curphey is that the Pharmaceutical Services Negotiating Committee and the Royal Pharmaceutical Society are as impotent as one another in their dealings with the Government. This opinion is reinforced by the dismissive attitude of Health Minister Brian Mawhinney, at the BPC.

He exhorts the profession to define their new role while secretly revelling in the knowledge that that very role is already being achieved, and free of charge to the Treasury, by self-destructive commercial competition from within community pharmacy.

Never before has the profession been so divided and never before have those divisions been so cynically exploited by our paymasters. Peter Curphey is right when he equates community pharmacy with the whole profession because that is how it is publicly perceived.

The survival of an independent community sector is vital to the whole profession and this will only be achieved by the RPSGB and PSNC co-operating and presenting a united front to an intransigent Government.

ASA upholds Larkhall complaint

Following a complaint made against Larkhall Natural Health's magazine insert concerning Tua passive exercise units in which it was claimed that "it's a fact that every woman desires the body she has not got", the ASA has requested that the advertisement be amended.

The complainant stated that, while many women were unhappy with their bodies, the figure may not be as high 100 per cent, therefore rendering the advertisement inaccurate.

In its judgment, the ASA also requested that Larkhall should stop implying that the products produced a slimming effect until adequate substantiation had been submitted.

Asthma information

A Lung and Asthma Information Agency has been set up to keep a database of up-to-date statistics on respiratory disease.

The Agency, funded by the National Asthma Campaign, the British Lung Foundation and the British Thoracic Society, is housed in the Public Health Sciences Department of St George's Hospital Medical School in London. It has already produced leaflets on asthma and pneumonia mortality in the elderly and a guide to sources of health information on respiratory disease.

Medical professionals are able to obtain data from the Agency through the three sponsors.

NHS loses dentists

Dentists turned away more than 115,000 NHS patients during July and August, according to statistics issued by the Department of Health.

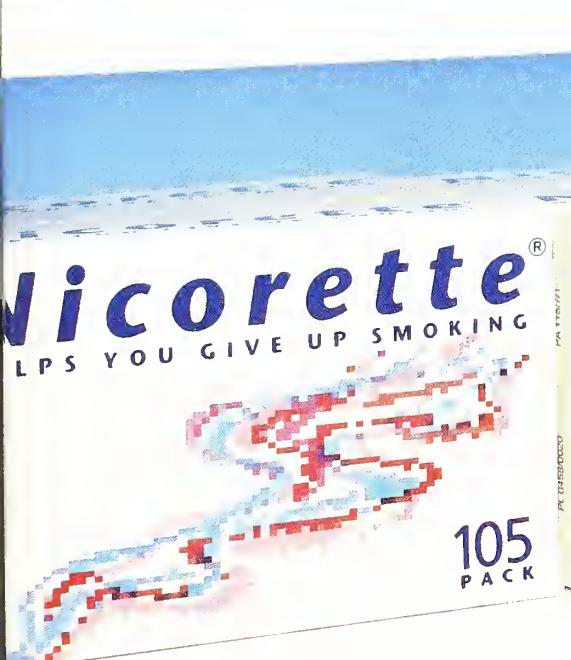
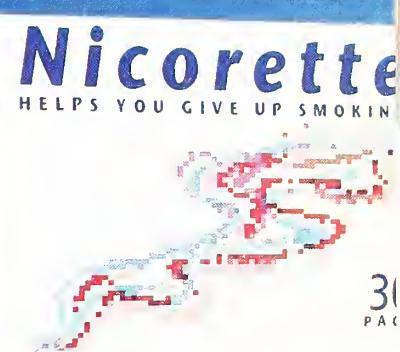
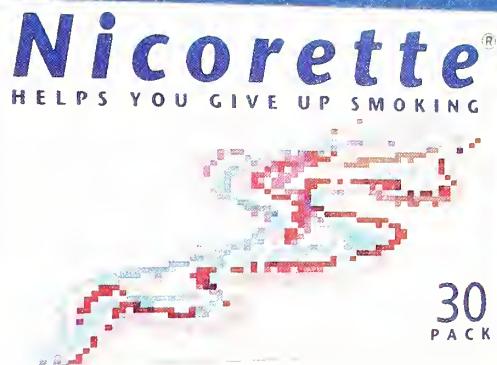
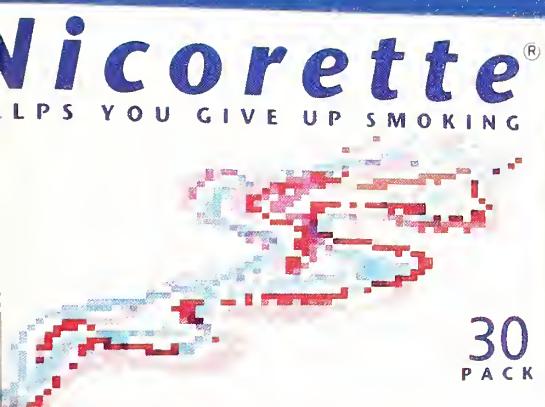
And, according to a report carried in *The Independent*, some family health service authorities in the south were facing 'blackspots' as dentists refused to treat patients.

No dentists in Horsham in West Sussex were accepting new NHS patients, while in the Oxfordshire towns of Abingdon and Wallingford, no new NHS adult fee-paying patients were being taken on.

- The British Dental Association is currently undertaking its own study into the number of dentists turning away National Health Service patients and will be producing a report at the end of the month.

Topical REFLECTIONS

GIVE YOUR SALES A MAJOR FACE LIFT



Kabi Pharmacia, Davy Avenue, Knowlhill, Milton Keynes, MK5 8PH * Source Nielsen £

Our continuing £3 million support package has now helped make Nicorette one of the biggest selling Pharmacy-only brands in the UK*.

What's more, the sales generated from every Nicorette shelf facing make other famous name OTC brands appear small by comparison.

Build up your Nicorette display today and give your sales a major face lift. Contact your OTC Kabi Pharmacia representative or local wholesaler now!

**NICORETTE: YOUR NO.1 CHOICE
IN SMOKING CESSATION**

£3
MILLION
+ PROMOTIONAL
SUPPORT
IN 1992

Script specials

Manoplax: the first in its class

This Monday, Boots Pharmaceuticals are launching Manoplax (flosequinan), the first of a new class of drugs for the treatment of heart failure.

Manoplax is a direct-acting arteriovenous vasodilator. Although its precise mode of action is not yet known, it is thought to involve attenuation of the intracellular inositol triphosphate (IP₃) pathway, leading to changes in intracellular calcium flux and relaxation of vascular tissue.

Manoplax is effective throughout the 24 hour dosing interval and during long-term therapy. Following oral

and, where appropriate, with a cardiac glycoside, with or without ACE inhibitors

Dosage and administration

Starting dose should be 50mg once daily for four weeks; recommended dose is then 100mg per day taken as a single dose in the morning, with or without food. A minority of patients may benefit from 150mg once daily. As symptomatic benefits may take four to 12 weeks to become apparent, an increase to 150mg should not be considered for at least twelve weeks and only after a full assessment of the benefit to the patient. This maximum daily dose of 150mg should not be exceeded; at this dose, heart rate should be monitored and the dose reduced if excessive increases are observed. In patients with severe renal or hepatic impairment, dose should be maintained at 50mg once daily. The elderly with a low bodyweight may respond to a lower dosage. Not recommended for children

Contraindications

Hypersensitivity to Manoplax. Heart failure associated with outflow obstruction. No evidence is available on the safety of the drug in pregnancy; use only if there is no safer alternative. Not yet known if the drug is excreted in breast milk; administer with caution to nursing mothers

Precautions Administer under supervision if systolic blood pressure is below 90mmHg;



administration, it is rapidly and extensively absorbed, with an absolute bioavailability of 72 per cent due to first pass metabolism.

Placebo-controlled trials with patients who were symptomatic despite conventional therapy, have shown Manoplax to improve exercise capacity and the symptoms of breathlessness and fatigue. These benefits were seen when Manoplax was used with diuretics and, where appropriate, a cardiac glycoside; they were also seen in patients who were receiving additional ACE inhibitor therapy.

Product licence holder The Boots company PLC, Nottingham
Presentation White, irregular hexagonal film-coated tablets containing either 50mg or 100mg flosequinan. The tablets are debossed on one side with either '50' or '100', and an identifying motif on the other
Indications Treatment of chronic congestive heart failure. Should be used together with diuretics

therapy should be instituted with a dose of 50mg. As with all vasodilating drugs, patients should be advised that symptomatic hypotension may occur, particularly following initial dosing. Reduce dose if excessive increases in heart rate are observed

Side effects Mostly associated with the drug's vasodilatory actions, namely headache, dizziness, palpitations, tachycardia and symptomatic hypotension. May affect ability to drive or operate machinery. Gastrointestinal effects include nausea, vomiting and diarrhoea. Taste disturbance, due to secretion of the drug in saliva, has also been reported. Side effects with no causal relationship established include anaemia, photosensitivity, skin rashes

Interactions In clinical studies, some patients required reduction of warfarin dosage, although an interaction study revealed only minor changes in coagulation parameters. Monitor the coagulation status of patients receiving anticoagulants. Caution in patients receiving vasodilators; see Data Sheet

Legal category POM

Packs Blister calendar pack containing 28 x 100mg (£42.56) and bottle pack containing 30 x 50mg tablets (£41.10)

PL number Manoplax tablets 50mg, 0014/0443; 100mg, 0014/0428

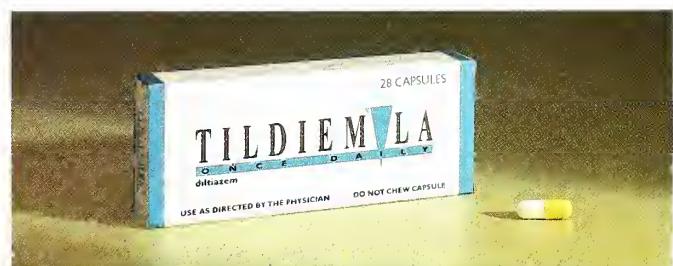
Issued July 1992

Tildiem adds LA

Meanwhile Lorex have launched Tildiem LA, a once daily formulation of their calcium antagonist Tildiem (diltiazem). Tildiem LA offers once daily dosing for the treatment of mild to moderate hypertension. It is not yet indicated for angina.

Adults should take one capsule of Tildiem LA each day, before or during a meal and swallowed whole. Those over 65 years of age should start with Tildiem Retard 120mg, increasing to Tildiem LA once daily if necessary, says the company. Tildiem LA are opaque capsules with a white body and yellow cap, each containing 300mg diltiazem hydrochloride

in a mixture of white immediate release and sustained release pellets (blister pack of 28, £11.00 trade). The product is marketed and distributed for Lorex by Searle Pharmaceuticals. Tel: 0670 514311.



Zantac changes

Glaxo have changed the packaging, patient information and tablet design of Zantac tablets, following research among patients, pharmacists and doctors.

Zantac 150mg is now a five-sided, peach-coloured tablet instead of the existing white tablet. The 300mg tablets remain as white and capsule-shaped.



Both strengths are now available in calendar packs of 60 tablets, in a fold-out wallet incorporating instructions on how to take the medicine, background information on acid-related conditions, and contact addresses for further information. The pack also features a hologrammed security seal to help reduce the risk of counterfeiting. These packs will be phased in gradually.

For hospital use, Zantac 150mg is also available in non-calender blister packs of 60 tablets marked "For hospital use only".

A patient leaflet explaining the changes will be available for pharmacists to hand out to customers. It also details the patient Helpline; patients with any queries on the new packs can speak to a nurse by calling 081 990 2525 during office hours. Pharmacists with queries on the new packaging can contact Glaxo Laboratories. Tel: 081 990 9444

Lyclear Creme Rinse Prescribing Information

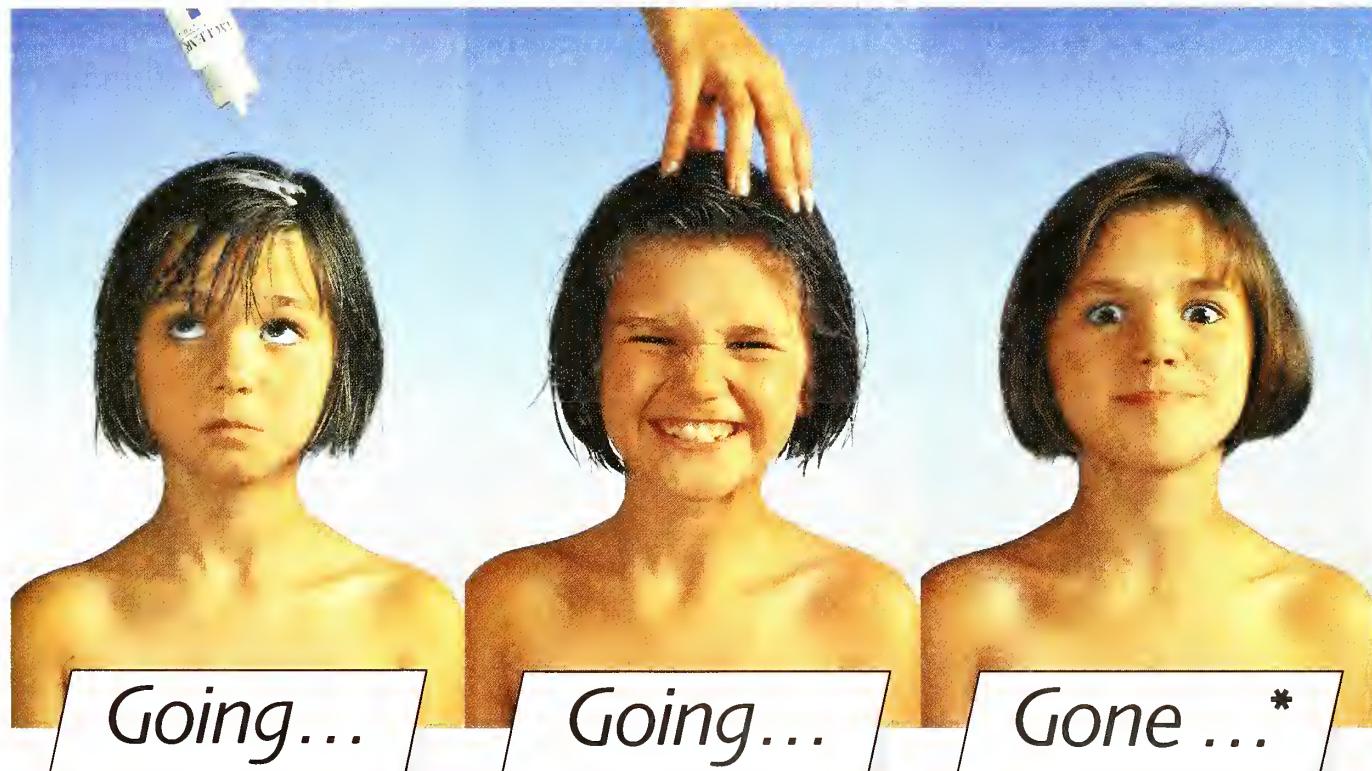
Presentation Each 59ml bottle of Lyclear contains 1% w/w permethrin plus 20% w/w isopropanol in a creme-rinse base. **Uses** For the treatment of head louse (*Pediculus humanus capitis*) infections. **Dosage and Administration** Adults and children over 6 months: Shampoo hair as normal, rinse and towel dry. Shake the bottle thoroughly and apply enough Lyclear to saturate the hair and scalp. Leave on the hair for 10 minutes, then rinse thoroughly with water and dry in the usual way. **Contra-indications, warnings, etc.** Contra-indications: Hypersensitivity to permethrin, other synthetic pyrethroids or pyrethrins. **Precautions:** For external use only. Wear gloves for multiple applications. Only use in children under 6 months under medical supervision. Use in pregnancy only if potential benefit outweighs the possibility of unknown risks. **Side- and adverse effects:** Adverse reactions are infrequent, mild and transitory, and are usually also symptoms of head louse infection. **Basic NHS Cost:** £1.83. Legal Category [P] PL 0252. Further information available on request. **The Wellcome Foundation Ltd., Crewe, Cheshire CW1 1UB**. Lyclear is a Trade mark.



LYCLEAR

Permethrin

A highly effective treatment for head lice.



*99% overall cure rate after one week.

Eradicating head lice hasn't always been easy or pleasant. But now Wellcome can offer you Lyclear Creme Rinse.

Based on the tried-and-tested permethrin compound, Lyclear is highly effective as a single application creme rinse, and used as easily as a normal hair conditioner.

In fact, just one ten minute Lyclear treatment is sufficient to kill lice and eggs, with the comparative effectiveness of either a 2 or 12 hour malathion application. What's more, Lyclear's strong residual capacity can protect against reinfection for as long as 6 weeks after use.

Although highly effective, Lyclear has a pleasant smell, is unlikely to cause eye irritation, has low potential for toxicity or allergic reactions, and is biodegradable.

With its recognised cosmetic advantages together with its proven clinical potency, Lyclear is an ideal head lice treatment for every member of the family.

Lyclear is a head lice treatment you can confidently recommend to be quick, effective, and pleasant to use.



LYCLEAR

C r e m e R i n s e

Kills head lice in just one 10-minute application.

LINK PEP

NEW LINKPEP HAS BEEN DESIGNED TO

AUTOMATICALLY GENERATE PRESCRIPTION

ENDORSEMENTS, ELIMINATING THE

THE

PROBLEMS OF REMUNERATION AND

PREScription

REIMBURSEMENT BY ANALYSING ITEMS IN

ENDORSEMENT

RELATION TO THE DRUG TARIFF AS

PROGRAM

THEY ARE DISPENSED. THERE IS NO SIMPLER

THAT GIVES

WAY TO ENSURE YOU ARE CLAIMING ALL

YOU

THE FEES YOU ARE ENTITLED TO.

LINKPEP FROM AAH - WE'VE PUT 100%

INTO IT SO YOU CAN TAKE 100% OUT.

SEE THE NEW PROGRAM AT CHEMEX '92

STAND No: D30.

AAH
PHARMACEUTICALS
LIMITED

WHERE IT ALL COMES TOGETHER.

Cardene launches SR...

Syntex Pharmaceuticals have launched Cardene SR, a sustained release formulation of the calcium antagonist Cardene (nicardipine) for the treatment of mild to moderate hypertension. Unlike Cardene, Cardene SR is not indicated for angina.

The sustained release formulation is available in both 30mg and 45mg strengths; treatment should be initiated at 30mg twice daily, increasing up to 60mg twice a day if necessary.

Cardene SR is said to provide smooth 24-hour blood pressure control, with a low incidence of side effects. Cardene SR 30 are opaque white capsules marked Syntex 30, containing 30mg

nicardipine hydrochloride; the 45mg strength are opaque powder-blue capsules marked Syntex 45. Both strengths are available in calendar packs of 56 capsules (30mg, £10.08; 45mg, £14.00). **Syntex Pharmaceuticals Ltd.** Tel: 0628 33191.



0.3ml syringe

The DoH has announced that the 0.3ml, 30 unit insulin syringe, particularly useful in diabetic control of babies and young children, will be available on FP10 from October 1.

Trasidrex

Trasidrex has been reformulated; the only noticeable change is a minor variation in the red/pink colour. A leaflet explaining the

change will be available in all new packs, which will be phased in as old stocks are exhausted. **Ciba Geigy Pharmaceuticals.** Tel: 0403 50101.

Tambocor 50mg

Tambocor is now available in a 50mg strength. Tambocor 50mg is a white circular biconvex tablet, marked 3M on one side and TR50 on the other. **3M Health Care Ltd.** Tel: 0509 611611.

Medical matters

Two new vaccines fight meningitis

Two vaccines designed to protect young children from Haemophilus influenza type B meningitis will be available to GPs from October 1. The vaccines will not be issued through community pharmacies but will be supplied direct to GPs and will form part of the routine childhood immunisation programme.

The Department of Health has placed a major contract with Merieux UK for their Act HIB vaccine, while Lederle are to supply Hibtiter. Both contain a purified saccharide obtained from the bacterial cell wall, conjugated with another protein to enhance the immunogenic effect. In Act HIB the protein is tetanus toxoid, while Hibtiter contains outer membrane protein from diphtheria bacteria.

Neither conjugate can confer protection from these other diseases and the vaccines will be given at the same time but at separate sites from the diphtheria/pertussis/tetanus (triple) vaccine at age two months, three months and four months. Children between 12 months and four years will receive just one dose. Vaccination is unnecessary after four years of age as children develop their own immunity. As the vaccines are not live, they can be given at the same time as polio vaccine.

Merieux are working on a combined vaccine which will give protection against diphtheria, pertussis, tetanus and HIB.

Merieux's managing director Dr Kevin Bryett told a Press conference this week that the vaccine did not give blanket protection against all types of meningitis but was specific to Haemophilus influenza type B, the most common cause in children under five and probably responsible for the most serious complications. Any parents whose child had been vaccinated but seemed to have symptoms of meningitis such as a stiff neck and vomiting, should see a doctor as other organisms could be responsible for the disease.

Trials involving 23,000 children in the UK have shown the vaccine to be highly effective. There was no significant increase in side effects than when the triple vaccine was given alone.

It is estimated that over 1,000 children under five contract HIB every year, of whom 60 die and up to 150 suffer neurological damage. Ampicillin, the antibiotic most commonly used to treat the infection, is becoming increasingly resistant.

The Department of Health's first target is to vaccinate all children under 12 months. The peak incidence is around 11 months of age.

Abbreviated Prescribing Information: For correct usage read label. **Presentation:** Alphosyl 2-in-1 Shampoo is a pale green pearlescent lotion shampoo with a herbal fragrance containing: Alcoholic Extract of Coal Tar 5% w/w. **Uses:** Alphosyl 2-in-1 Shampoo is indicated for the treatment of scalp disorders such as psoriasis, seborrhoeic dermatitis, scaling, itching and dandruff. **Dosage and Administration:** Use every two or three days, or as directed by the physician. **Contra-indications/Warnings:** Sensitivity to coal tar. Use in pregnancy is best avoided. **Legal category:** GSL. **Package Quantities:** Bottles of 20, 125 and 250ml. Basic NHS prices (RSP's in brackets): n.c (0.49p), £1.81 (£2.99) and £3.43 (£5.69). **Product Licence:** 0036/0052. Further information and full prescribing information can be obtained from: Stafford-Miller Limited, Broadwater Road, Welwyn Garden City, Herts, AL7 3SP.



THESE DAYS PEOPLE WANT A SHAMPOO & CONDITIONER IN ONE BOTTLE (including the thousands with scalp problems)

Replacing the highly successful Alphosyl Shampoo, Stafford-Miller have developed New Alphosyl 2-in-1. For sufferers of scalp psoriasis, dermatitis and dandruff, New Alphosyl 2-in-1 is the first specialist treatment to combine shampoo and conditioner in one convenient bottle.

Customers with scaly scalp problems want effective products that also allow them to have the benefits of combination shampoos, just like anyone else. New Alphosyl 2-in-1, with all the strength of coal tar in a formula which leaves the hair shiny and easy to manage, lets them do just that.

So stock up now and recommend the specialist scalp treatment that's setting the trend.

For your free copy of the Scalp Disorder Educational Aid write to: The Professional Relations Officer, Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts AL7 3SP.

NEW
ALPHOSYL
2 IN 1

SHAMPOO WITH CONDITIONER

5% COAL TAR

YOU'LL BE SELLING
MORE THAN 1 OR 2

Counterpoints

A new choice in contraception

Following extensive publicity in the women's Press, Femidom, the female condom, becomes available this Wednesday.

It is the first new method of contraception to be launched for nearly a decade, providing protection against both pregnancy and sexually transmitted diseases, say its manufacturers, Chartex International.

Femidom is a pre-lubricated, soft polyurethane sheath which lines the vagina. It is inserted using an inner ring, which also holds the sheath in place beyond the pubic bone. The inner ring is pushed together and inserted into the vagina past the pubic bone. Precise positioning is not required; the inner ring automatically positions itself correctly and the shape adapts to the contours of the vagina.

An outer ring lies flat against the labia during sexual intercourse, protecting part of the vulva and preventing the sheath being drawn inside. After withdrawal, the outer ring is twisted to retain the ejaculate and the sheath is gently pulled out of the vagina. Femidom is designed for one use only.

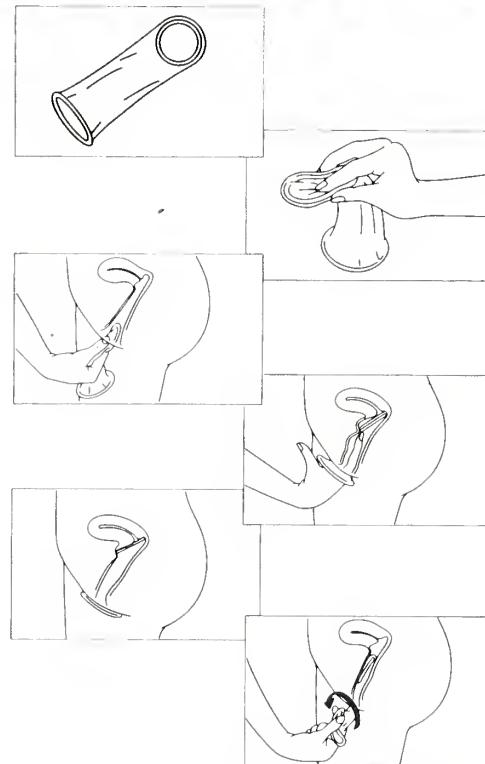
A key difference between Femidom and the male condom is that it can be inserted before an erection and there is no need for withdrawal immediately after ejaculation.

Spermicide is not considered necessary as there is no genital contact and the sheath is unlikely to tear, say Chartex.

Laboratory tests have shown Femidom to be impermeable to HIV, herpes and cytomegalovirus.

Studies to be published shortly are likely to indicate that, if used correctly, Femidom is as effective as the male condom, with efficacy between 85 per cent and 98 per cent.

However, the soft polyurethane of Femidom is said to be twice as strong as the latex used in male condoms. Studies have demonstrated that the risk of exposure to seminal fluid via rips, tears



and spillage is less than the risk of exposure in women relying on male condom usage (3 per cent versus 11.6 per cent respectively).

Another study estimated ruptures of the product to be around 0.1 per cent of the total number of female condoms used (approx 2,600). This compares with a breakage rate of between 1 to 12 per cent for male condoms.

Another advantage is that, unlike male condoms, Femidom is not weakened by oil-based lubricants or intra-vaginal treatments. In users with known skin sensitivity, no allergic potential has been demonstrated, and another study indicated no significant effect on the vaginal mucosa or microflora, even after prolonged insertion.

The company says studies carried out in the UK, USA, Russia, Europe, Asia and Africa have produced very similar overall reactions to Femidom. Initially, women been surprised by its size and some disliked its appearance, although this declined with familiarity and repeat usage. Positive

points were that it was less disruptive than other barrier methods, comfortable, strong, and gave a sense of protection.

In worldwide studies the company says around two thirds of participants, both men and women, found Femidom to be an acceptable method of contraception. It has been tested with almost 2,000 couples, involving the use of almost 30,000 female condoms.

Each Femidom pack (£3.95) contains three female condoms packaged in individual sachets, and a merchandising tray containing six packs is available (trade price £16.13). The company recommend the sanitary protection shelves as the ideal location.

The national launch, on September 28, will be supported with a £1 million media spend on Press advertising and 48 sheet posters, directing customers to pharmacies and supermarkets. Femidom has also been publicised among GPs and nurses.

In-store support will feature consumer information leaflets along

with leaflet holders, shelf edgers, window posters and window stickers. All pharmacists will be mailed an information leaflet including a list of answers to possible inquiries.

Within the UK, Femidom is distributed by Smith & Nephew

Consumer Products Ltd.
Tel: 021-327 4750.

Family planning researchers have welcomed the female condom, although there is some suggestion that refinements may be needed (**Medical Matters**, August 22 p316).

Vicks Vaposyrup gets children's variant

Procter & Gamble have launched Vicks Children's Vaposyrup for dry coughs.

The new variant, in a strawberry-flavoured formulation, has the same thixotropic base as the adult version, but the level of dextromethorphan hydrobromide (7.5mg per 15ml measure) has been lowered.

For children aged 6-11 years the recommended dose is 15ml every four hours, with a maximum of

four doses daily. Children aged 3-5 years should take 7.5ml every six hours.

Children's Vaposyrup (120ml £2.65) comes in a shatterproof bottle with a child resistant cap and dosage dispenser. It contains no alcohol or antihistamines, and no artificial colours, say P&G.

The brand will feature in a TV campaign for the whole Vaposyrup range.
Procter & Gamble. Tel: 081-568 4333.

New look for Bradosol throat lozenges

Zyma Healthcare have relaunched their Bradosol and Bradosol Plus lozenges.

Bradosol has a sugar-free base with identical "mouth feel" to conventional boiled sugar. Bradosol Plus has the benefit of the local anaesthetic lignocaine. Zyma also believe that the GSL status of Bradosol will

offer growth potential.

Both products will be supported with an above and below the line promotional package. The media spend will be £550,000 during the Winter period. The new prices for a pack of 24 are £1.54 for Bradosol and £1.77 for Bradosol Plus.
Zyma Healthcare. Tel: 0306 742800.

Dendron launch trial size of Ibuleve gel

Dendron have introduced a new 4g trial size pack of Ibuleve gel.

Retailing at £0.20, the pack is designed to encourage new users, says

the company. The new size will be announced in a Press campaign. Point of sale material is available.
Dendron Ltd. Tel: 0923 229251.

Make a show with Nurofen

Crookes have launched a new range of point of sale material for Nurofen.

The package includes a window display, refillable shelf manager and a show card. The window display

features Nurofen 12 and 96 packs, the Nurofen target and the "Swift and Sure" logo. For details, see your Crookes territory manager.
Crookes Healthcare. Tel: 0602 507431.

Brand leader goes on trial



NEW TRIAL SIZE STARTER PACK

In research, 9 out of 10 respondents who tried brand-leading Ibuleve stated that they found its unique formulation effective and they intended to repurchase. Now, even more of your customers can experience the painkilling power of Ibuleve with new Ibuleve Trial Size Starter Packs. They'll discover for themselves the advantages of Ibuleve over pills and traditional rubs. New Ibuleve Trial Size. Available for a limited period, with unlimited potential.

**PAIN
RELIEF
WITHOUT
PILLS**

FOR THE RELIEF OF BACKACHE, RHEUMATIC AND MUSCULAR PAIN, SPRAINS AND STRAINS.

DISTRIBUTED BY DDD/DENDRON LIMITED WATFORD HERTS WD1 7JJ

Farley's give money off Bed Timers

Crookes Healthcare are launching an on-pack offer on Farley's rusks to encourage sales of their new Bed Timers chocolate drink.

Specially flashed packs of Farley's original and low sugar rusks in 18s and nines will carry a coupon offering 30p and 15p off respectively. The coupons are redeemable against purchase of Bed Timers.

The offer coincides with the launch of a direct mail sampling campaign for Bed Timers, with 20,000 mothers per month of babies aged 12 months and over receiving a leaflet, money-off coupon and Bed Timers sample. Crookes Healthcare. Tel: 0602 507431.

Seasonal campaign to boost Fenjal

Smithkline Beecham are supporting Fenjal with a £500,000 Press campaign in the pre-Christmas period.

The campaign is a re-run of last year's four-page insert, using different textured papers to illustrate Fenjal's moisturising benefits. The advertisements will appear in women's magazines and will feature a free Fenjal creme bath sample sachet. Smithkline Beecham Personal Care. Tel: 081-560 5151.

Cacharel's Christmas line up

Prestige & Collections have designed a number of gift packs for their Cacharel fragrance range.

For Anais Anais there are coffrets holding 30ml eau de toilette spray and 100g soap (£21.95); 50ml eau de toilette spray and 100ml body lotion (£28.50); and a limited edition 30ml eau de toilette spray (£14.95).

For Loulou there is a 30ml eau de parfum spray and 100g soap (£23.50); and a 30ml limited edition eau de parfum spray (£14.95). Prestige & Collections. Tel: 081-979 6699.



Elegant addition for Ralph Lauren

Ralph Lauren have added a new male fragrance to their range, Polo Crest.

Described as a fragrance of "discrete elegance" it is said to combine the classic elements of the original Polo with fresh, green and citrus notes.

Top notes include citrus and herbal elements; heart notes include jasmine and fir balsam; base notes include vetiver, oakmoss and patchouli. It is

available as eau de toilette spray (59ml £24.50; 188ml £36); eau de toilette bottle (118ml £36); aftershave bottle (118ml £28.95).

For the Christmas season Ralph Lauren have designed a red gift box, to be offered as part of a free gift wrapping service with purchase of two or more items from the Polo or Polo Crest collections. Prestige & Collections. Tel: 081-979 6699.

Cash back on Wella

Wella are running a money-off coupon promotion on their Shockwaves range.

Selected product from the range, including Super Firm gel, Curl Control mousse and Volumising gel spray, will feature 30p off coupons. To redeem

their 30p, consumers have to fill in their name and address on the coupon and hand it in when they pay for the product.

The promotion runs while stocks last, and coupons are valid until September 30, 1993. Wella GB. Tel: 0256 2020.

Money back offer on Braun shavers

Braun are running a national promotion offering money back on their shavers in the pre-Christmas period.

From September 19 until November 2 consumers can claim £15 back on shavers in the Braun Flex Control range or £10 on any Braun

shaver worth over £35.

To claim the redemption, the customers need to send in a proof of purchase by November 21.

The promotion will be supported in October by a £100,000 Press advertising campaign in magazines. Braun (UK) Ltd. Tel: 0932 785611.

Seasonal treasures from Rimmel

Silken Treasures is a Christmas gift idea from the Rimmel Silks collection.

Presented in a cosmetic pouch (£5.99) are Lash Build mascara, lip colour and nail colour. A choice of two

shadeways is available: Velvet Textures (Crimson Velvet lip and nail colour with black mascara) or Silken Touch (Silken coral lip and nail colour with brownish black mascara). Rimmel International. Tel: 071-637 1621.

On TV Next Week

GTV Grampian	C4 Channel 4	TV-am Breakfast
B Border	U Ulster	Television
BSB British Sky	G Granda	STV Scotland (central)
Broadcasting	A Anglia	Y Yorkshire
C Central	TWS South West	HTV Wales & West
CTV Channel Islands	TTV Thames	TVS South
LWT London Weekend Television		TT Tyne Tees

Anadin Extra soluble:	TTV, C4, BskyB, TV-am
Askit Powders:	STV
Canesten VC:	TVS, C4
Clorets:	All areas except CTV, LWT, C4
Colgate Great Regular Flavour:	All areas
Colgate Plax:	All areas
Cream Silk:	All areas
Dove:	All areas
Forward Follow-on Milk:	TV-am
Glints:	U, G, C, A, TTV, BskyB
Impulse body spray:	All areas
Maws:	All areas
Nurofen:	All areas
Once:	All areas
Ponds Performance:	All areas except U, TV-am
Rap-eze:	A, TVS, LWT, TTV, C4
Salon Selectives:	CTV, STV, B, Y, TT, C4
Slim-Fast:	All areas
Synergie:	All areas
Timotei Complete Care:	All areas
Wrigley's Extra & Orbit:	All areas

Get in the party mood with Sensiq!

Sensiq have produced Party Pairs for Christmas, a gift pack containing Luxury Lip Colour and Perfect Nail Colour in a choice of four shadeways (£3.99).

Other seasonal offers include a free gift with purchase. A free kohl pencil comes with purchase of one of four Sensiq mascaras. With purchases of

Gentle Balanced Moisture Lotion (£5.75) consumers will receive a free Pure Performance lipstick (worth £3.75) in four shades.

A point of sale leaflet has been produced featuring three £1 off vouchers. Consumers spending £10 or more could win a week's skiing for two. Sensiq Cosmetics. Tel: 071-409 1413.

Bunny offer from Robinson

Robinson Healthcare are promoting their Soft & Pure cotton wool range with free products and a pillow bunny offer.

Special packs of Cotton Harvest and Nursery 100g and 50g pleats and 100 or 50 cotton wool balls will have 10 per cent extra free. A bunny which turns into a pillow is available for £5.99 plus three tokens. Robinson Healthcare. Tel: 0943 870300.

Luxurious gifts from Givenchy

Givenchy have introduced two special gift products for Christmas.

The Givenchy powder prism is available in a luxurious gold and multi-coloured compact (£49.95; refills £13.75). It comes in a choice of three shade combinations.

Also available in the same design is a retractable complexion brush (£29.75). Givenchy Ltd. Tel: 0932 245111.



Now the best seller is available as a spray, the heat is really on

How do you build on the effective relief provided by a topical analgesic heat rub that has been so widely prescribed and recommended by GP's over the last twenty years, that it has become the biggest selling single pack?

Offer a heat spray with the same leading Transvasin name.

Transvasin Heat Spray is available OTC in a handy 125ml can – and, while stocks last, with 25ml extra free.

Backed by a national consumer advertising campaign, the most successful heat rub on the market is set to repeat its popularity as a branded GSL status spray, giving your customers the rapid effective relief they need – and the rapid effective sales you want.

So make sure you've got your finger on the button of even more profitable sales – by stocking up with Transvasin Heat Spray.

 Seton
Healthcare Group plc

Seton Healthcare Group plc, Tubitton House, Oldham OL1 3HS, England. Telephone 061-652 2222

Transvasin is a Trade Mark of Seton

Your Seton representative
for major seasonal
promotional offers.

P&G add Old Spice Hydrogel

Procter & Gamble have developed a new type of aftershave product for their Old Spice range — Hydrogel, a combined aftershave and moisturiser.

Old Spice Hydrogel is a non-greasy gel formulation, which delivers the Old Spice fragrance while moisturising skin, say P&G.

The product comes in Old Spice original or sensitive variants. Both come in a 50ml jar (£4.60) or a 100ml pump action dispenser (£6.95).

The launch will be supported by a television campaign and Press advertising, in addition to point of sale material and consumer promotions. Procter & Gamble Health & Beauty Care. Tel: 0784 434422.

Agfa Autumn promo

T-shirts, stick pin badges and film director's chairs are backing up Agfa's Autumn promotion on their XRG200 36-exposure film.

The company is offering the film for sale at the same price as their 24+3 exposure film.

All participating stockists can qualify for T-shirts with the message "Extra — exposed on Agfa film!" with nine extra exposures featured on the front. The company is also providing retailers with stick pin badges in the shapes of clapper boards for shop staff.

On top of this, film director's chairs for in-store display will be given away in support of the "film extra" theme. Special dispensers containing 40 rolls of Agfacolor film are also available, plus poster and "film extra" header cards.

To encourage the promotion, Agfa are awarding prizes for the best window display to participants who make the most of the campaign; the theme they are looking for is "Hollywood Scenes".

The most innovative stockists can win special trips to theatres and cinemas all over the country, say Agfa. Agfa-Gevaert Ltd. Tel: 081-231 4359.



First aid for nails

For emergency nail repair Jica Beauty Products have introduced Orly One-Drop glue.

The nail glue comes in a pen applicator which dispenses one drop of glue

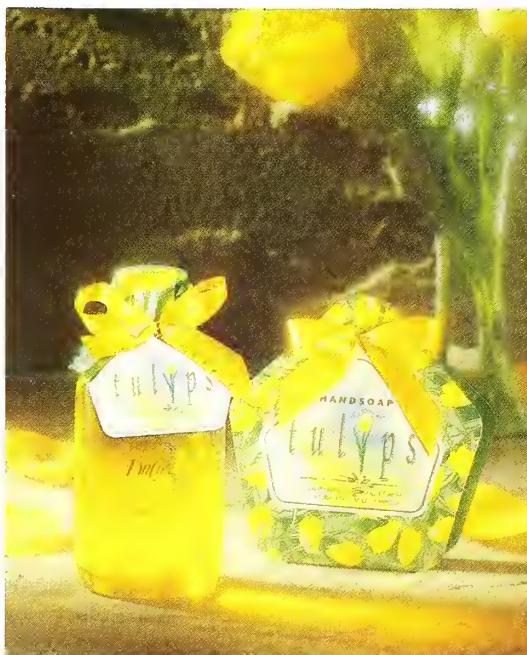
at a time. The glue can then be spread with the applicator tip. It retails at £3.95 and £1.95 for a refill cartridge. Jica Beauty Products Ltd. Tel: 081-979 7261.

Opaque options from Couture

The new Autumn/Winter collection of hosiery from Couture Designer Hosiery includes a choice of three opaque tights.

Intense Satin opaque tights (three sizes £9.99) are 100 denier and have a soft sheer appearance.

They come in eight shades. Soft opaque tights (one size £3.99) come in 11 shades. New Super 70 opaque tights have a matt appearance and come in nine shades (one size £2.99). Couture Marketing Ltd. Tel: 0788 823169.



Jacket have introduced the Tulips bath toiletries range for pharmacy this Christmas. It comprises bath foam (£2.99) and soap (£1.49) in colourful packaging depicting tulips. Jacket International Ltd. Tel: 091-250 1864

Royal Jelly

Regina Health Ltd have appointed The Jenks Group as their exclusive distributors, with effect from September 1. The Jenks Group. Tel: 0494 442226.

Moving on

Neutrogena have moved to: Neutrogena House, Century Point, Halifax Road, Cressex, High Wycombe, HP12 3SL. Tel: 0494 474787.

Fidji set

Prestige & Collections have produced a gift set for their Fidji fragrance. A black and gold coffin holds 50ml eau de toilette spray and shell soap (£29.95). Prestige & Collections Ltd. Tel: 081-979 6699.

Extra Wella

Wella are running an extra fill promotion on four Wella Balsam shampoos

and conditioners. The 200ml shampoos will hold 50ml extra free and the 150ml tubes of conditioner 20ml extra. The offer runs while stocks last. Wella GB. Tel: 0256 20202.

Geometricks

Philips have produced an Autumn campaign for their Geometricks hair styler, which features a famous London club DJ. The versatility of the product is illustrated under the banner "One body ... six bodies". The advertisement will appear in women's magazines from October until Christmas. Philips. Tel: 081-689 2166.

In a tube

Cetaben emollient cream is now available in a 50g tube in addition to 125g and 500g jars. Shelf strips and information leaflets are available. Carter-Wallace Ltd. Tel: 0303 850661.

Lighting up with Duracell

With the Winter evenings approaching, Duracell have introduced three new packs to promote their torches.

The Bright Lights pre-pack includes two new ranges: the Junior "animal" torches and coloured pocket torches, complete with an eyecatching header card. The individual torches retail at £3.99 and £4.59 respectively, giving the display pack a retail value of £51.48.

Torch pre-pack 1 comprises two each of small rubber torch, penlight, coloured pocket and Junior torches (total

retail value £36.72).

Finally, torch pre-pack 2 comprises two Tough torches and one each of the recently launched Professional and Universal. (retail value £45.48). Duracell (UK) Ltd. Tel: 0293 517527.

Bic boost shaving sector

Bic are promoting their disposable Microglide razor with a special "buy five get two free" offer for consumers.

The special offer will be supported by a £1 million television and Press campaign, running for four weeks from October 12.

The company has also repackaged its Bic Lady Shaver razor. The razor now features a protective bar which is said to ensure a safer shave. Biro Bic Ltd. Tel: 081-965 4060.

Bilange for your body

The Bilange sponge is a new product from New York. Made of non-porous polyethylene netting, it is said to leave skin soft and smooth.

The Bilange body sponge (£6.95) comes in 12 colours and the Bilange facial sponge (£5.95) in ten colours. The sponges, says the company, will not collect mildew or bacteria, due to their non-porous coating.

Designed for use with the body sponge, Bilange Complete is a wash for body and hair. The Perfumery Marketing Company. Tel: 0702 436800.

Grosvenor of London have brought out a collection of bubble bath filled models for kids. Characters in the range include Batman, Snoopy, Miss Piggy, Noddy and Kermit. Prices range from £1.99 to £2.99. Grosvenor of London. Tel: 071-486 8641.

Characters in the range include Batman, Snoopy, Miss Piggy, Noddy and Kermit. Prices range from £1.99 to £2.99. Grosvenor of London. Tel: 071-486 8641.

There's a new contender in the eye care market. From the makers of Brolene, Sootheye is a premium treatment for minor eye irritations.

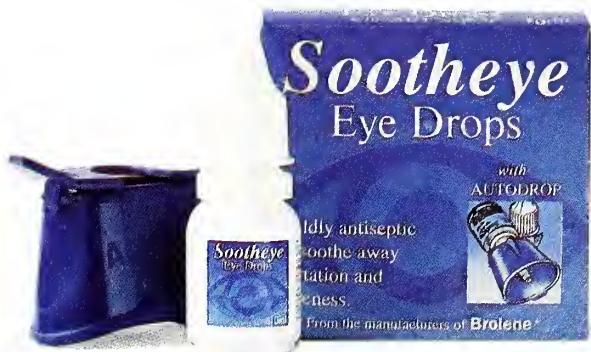
Sootheye contains zinc sulphate which is "the only astringent that should be used on eyes...."⁽¹⁾

Attractively packaged and featuring the Autodrop™ device Sootheye with Autodrop™ delivers the solution easily and accurately, which means when your customers complain of dust or smoke in their eyes or other minor irritations there is only one product you should recommend.

(1) Professor P Parish, "Medical Treatments - The Benefits and Risks", Penguin Books, London 1991.



Sootheye Eye Drops with Autodrop™



What your eyes really need

For further information contact:
Rhône-Poulenc Rorer Family Health Division on 0323 21422

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FAMILY HEALTH DIVISION

BUILDING BRANDS AND BUSINESS WITH YOU

Live life

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Sodium Valproate

200 mg tablets

10 x 10 blister pack
List Price £6.75

500 mg tablets

10 x 10 blister pack
List Price £15.68

Sugar Free Oral

Solution 200 mg/5 ml
300 ml bottle

List Price £5.74



NORTON
Healthcar

H M NORTON & CO LTD
GEMINI HOUSE, TEL MEADOW
HARROW, MIDDLESEX, HA1 4ST
TEL: 081 941 6666 FAX: 081 943 7111

Presentation: Purple enteric coated tablets containing 200 mg Sodium Valproate. **P** Purple enteric coated tablets containing 500 mg Sodium Valproate BP. **P** Clear sugar free liquid with a cherry flavour containing 200 mg/5 ml Sodium Valproate BP. **Indications:** Treatment of epilepsy. **Dosage:** Adults: Initially 500 mg in divided doses preferably after food, increasing by 200 mg every third day to a maximum of 2.5 g daily in divided doses. **Elderly:** As per adults but should be determined by seizure control. Children over 20 kg: Initially 400 mg daily in divided doses increasing gradually to a maximum of 2.5 mg/kg bodyweight per day as necessary. Children under 20 kg: Initially 20 mg/kg bodyweight per day in divided doses increasing gradually as necessary to a maximum of 40 mg/kg daily. **Contra-Indications:** Liver disease. Use with caution in pregnancy. **Interactions:** Phenytoin, carbamazepine, primidone or carbamazepine reduce valproate plasma concentrations. Sensitive effects of phenobarbitone and primidone may be increased. May potentiate warfarin. Decreases protein binding of warfarin. **Precautions:** Concomitant CNS depressants including alcohol may affect ability to drive or operate machinery. Impaired hepatic function may occur and should be monitored during first six months of therapy. May give false positives in urine tests for ketones in possible diabetes. May affect platelet function which should be monitored before major surgery. **Side Effects:** Liver dysfunction, hypotension, tachycardia, pancreatitis, ataxia, tremor, drowsiness, nausea, weight increase, appendicitis. **Legal Category:** POM.

Wembley scores again for Chemex with 'quality' attendance

The 10th Chemex Exhibition saw a slightly reduced number of exhibitors (down 20 to 180) and attracted around 100 fewer visitors, put at 4,000 over the two days by exhibition organisers MGB. However, the consensus of manufacturers was that the quality of order-taking was higher, with most companies pleased that children under sixteen were kept in the creche and away from the exhibition floor. The other new element this year was the juxtaposition of the Neighbourhood Retailing Exhibition. While some pharmaceutical companies objected to "crossover" visitors, most accepted the additional 1,000 clientele. MGB report show bookings up on those made "on the day" last year

First-time exhibitors ICI Pharmaceuticals were "quite surprised" with the level of interest shown on Sunday, the first day of the show.

"Staff manning our stand were kept going the whole day," an ICI spokesman said. "Our first Chemex has been a learning experience for ICI."

For Lagap Pharmaceuticals Chemex '92 was "very successful" with sales results better than in 1991.

However, managing director Neil Gregory did not approve of the influx of non-pharmacists

from Neighbourhood Retailing. "We wasted a lot of time with such folk around 5pm on Sunday. I also wonder about the ethics of having the stand of a major tobacco advertiser in the next hall, just 20 yards away from our pharmaceutical stand."

Also, Mr Gregory had mixed feelings about the absence of children. While little fingers were never welcome on a pharmaceutical stand, he said the fact that they were not around on the show floor might have prevented some families from attending on Sunday — the only

day off for many pharmacists.

Crookes Healthcare's Steve Ayling said the child-free Chemex meant you could talk to pharmacists freely and that they could concentrate on talking to you. "They didn't have to keep one eye on their kids."

Mr Ayling said the quality of business and contacts made had been high. "It has been a successful two days considering the current economic climate. It's been a good Chemex."

Smithkline Beecham's chemist sector manager Tony Watson said Chemex had been a

"worthwhile PR exercise". "It's nice to meet our friends in the trade and to be reassured that our salesforce are doing a good job. Wembley is a good venue."

Polaroid's senior product manager John Seymour said Sunday had been excellent for business; Monday was just the opposite. Although he was coy about the number of passport systems sold at the show, he did say sales were double last year when Polaroid shared a stand with distributor Medielite.

Wellcome's David Head was pleased with the 120 orders taken during the two days. "The quality of people was up this year with business steady right through Sunday till the 7pm closing time. That's so nice for a company that supports only pharmacy."

Jenks Group's Glynnis Davis said: "The quality of people has been very good this year. They have been here to do business and that has shown in the orders placed with our principals."

For John Richardson of computer fame Chemex was its usual "tremendous success". A regular exhibitor, Mr Richardson said the lack of children had been an advantage. "Numbers of visitors to the stand was down but their quality was up."



Exhibitors voted "with their cheque books for Chemex '93", says group exhibitions director Peter Jakeman

AAH expand computers and launch Home health

AAH Pharmaceuticals used Chemex to unveil additions to their computer portfolio.

New for both front of shop and for the dispensary were the EPOS system LinkPos, LinkPrep, a prescription endorsement program and controlled dosage software.

The Electronic Funds Transfer at Point of Sale system (EFTPoS) and Vantage CM2, the merchandising system were also on show.

LinkPrep is designed to help pharmacists carry out prescription endorsements more efficiently.

Link Pharmacy Systems are

also launching a new software module developed to incorporate solid form dosage prescriptions into Link's existing Scripts, Drug Interactions and PMR software.

The controlled dosage software will enable Link users to cater for nursing and residential homes using the Venalink, Manrex or Nomad solid form dosage systems.

Meanwhile the company is claiming a first with the EFTPoS system, scheduled for trials in community pharmacies this Autumn.

The EFTPoS system provides pharmacists with a switch or credit card payment facility.

AAH Pharmaceuticals also launched their Vantage Home Health Centre concept for community pharmacies.

Pharmacists wishing to become involved will have a consulting/fitting room which will provide privacy for the customer to discuss continence and stoma care needs, inquire about diabetic aids, or to be measured for hosiery or trusses. Alternatively, the pharmacist will be able to offer home visits.

There will also be a respiratory service covering nebulisers and a range of disability aids.

And AAH will provide help with merchandising and display.



Hugh Robinson will be next year's Chemex organiser. He takes over from Maurice Hoare, who moves on to take up a development role within organising company MGB Exhibitions

Insurance from PIA

The Pharmacy Insurance Agency, part of the Provincial Pharmacy Services group, have introduced two insurance policies, aimed at community pharmacists.

Of particular interest is the professional indemnity and legal defence costs insurance. PIA are using this policy to try and incentivise improvements in the standards of practice in pharmacy.

PIA say many organisations are talking about the benefits of having a second pharmacist on the premises, together with trained dispensers, etc, but the new insurance policy offers discounts to pharmacists who have these additional services.

A standard pharmacy with a pharmacist in charge pays £189 per annum for the insurance, but this reduces to £175 if the pharmacist has a trained dispenser and a PMR computer, and to £162 if there is a second pharmacist working at least 15

Waymade announce Sovereign

Sovereign Surgical, from parallel imports and generics company Waymade plc, is a new range of sterile dressing packs, gauze swabs, cotton wool, and bandages to Drug Tariff specification.

The company will be targeting both community pharmacists and nurses with its range.

"We have been in generics and parallel imports for the past four years and we wanted to branch out into something completely different," says Gail Friend, Waymade's quality control manager.

"We came to the exhibition last year and looked around and thought 'We could be here too,'" she said.

Seventh heaven!

Photoprocessors Gretag celebrated their seventh year at Chemex with the launch of the world's first all-in-one colour processing microlab.

"In the past pharmacists have always needed two machines," Gretag explain, "but now the whole process can be done with a machine which takes up less than a square metre of floorspace".

Gretag say if a pharmacist is handling 3,000 film processes a year the new equipment will be a benefit, but emphasise that once the pharmacist buys or leases the units the real potential is released.

hours per week. There are also discounts for group pharmacies.

PPS's Mark Kozol says that these steps mean there are very substantial savings to be made with this insurance policy.

The policy is underwritten by St Paul, one of America's largest underwriters, who currently underwrite 70 per cent of the new NHS trust agencies.

Cover under the policy includes: indemnity against third party claims made in connection with the pharmacy business; representation before tribunals and inquests, including the Royal Pharmaceutical Society's Statutory Committee; defence against any prosecution connected with the business, in addition to Inland Revenue, VAT

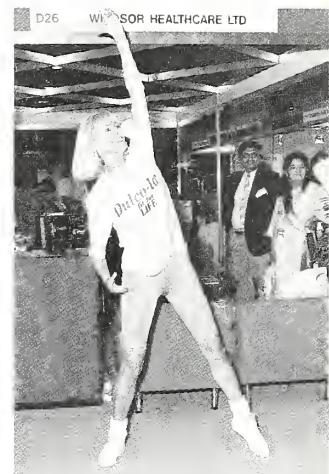
and PAYE investigation protection costs.

Gordon Appelbe, the former head of the RPSGB's Law Department is involved in the provision of advice and information on all legal and ethical matters.

There is also a 24-hour advice line which can act as a mini legal service, says Mr Kozol.

The second insurance package is for business, buildings and contents insurance. Mr Kozol says that this could save the average proprietor several hundreds of pounds.

"When many pharmacists are looking to save money whenever they can, this package should prove to be a major advantage," Mr Kozol says.



Green Goddess Diana Moran gives a leap for life on the Windsor Healthcare stand during one of her exercise sessions at the show. She was also available for personal consultation on diet and exercise



Smithkline Beecham took their largest-ever Chemex stand this year. The company urged pharmacists to build on fast-moving product sectors and not to allow other retailers to take over the traditional pharmacy heritage

Champagne with C&D

During the show, *Chemist & Druggist* ran two competitions for the budding journalist in every pharmacist.

One offered a case of bubbly for a sparkling new editorial idea. This was won by pharmacist Brian Purnell, of Highbridge, Somerset. He suggested a series on "Know your Drug Tariff" and one on "How to make a profit from NHS dispensing".

Runners up were D. Bowen, of Bollington, and Nitim Sodha of Redditch.

A second competition, to improve on one of our headlines, earned a bottle of champagne for Lynne Brown and Maria Connolly and another for Fiona Flynn and Rory Graham.

Jackel hunts in pairs

For the first time Jackel International took two stands at Chemex, displaying their Tommee Tippee babycare range on one and sunglasses and other sundries on the other.

"We think visitors will find it much easier to locate what they're looking for this way," said the company.

Looking ahead to Christmas, the company are showing a Tommee Tippee Christmas display tree, which will hold some 20 different gifts for babies, toddlers and children. The most expensive product on the display costs £6.99, say Jackel, and the majority retail below the £4.00 mark. Trade price for the stand is 162, including a 10% per cent discount.

New for kids who hate having their hair washed in the bath is a duck-shaped shampoo shield which fits over the victim's head

to stop shampoo and water running into their eyes! It retails at £1.99.

New for babies is a collection of colorful Tommee Tippee soothers, complete with their own hygienic covers. The Tommee Tippee drinking cup system now comes with its own reusable plastic straw. The latest addition to the Paddington Bear range is a potty, featuring Paddington sitting on his suitcase.

New to the Pur range are dripless teats and brightly coloured bottles. The dripless teat retails at £1.69 for two and the bottles in aqua or pink at £1.85.

On the toiletries side, Jackel presented their new Tulips range of bubble bath and soap. The latest additions to the Celeste hair accessories collection are velvet headbands (£2.99) and scrunchies (£1.99).

Stylish launch by Elida Gibbs

Chemex was chosen as the launch pad for Elida Gibbs' new Harmony Protectives styling range.

The range comprises Extra Hold mousse in three variants, Fixing Spray Plus, Gel spray and Creme Gel. All appear in the familiar purple Harmony livery.

Harmony hairspray is also being relaunched in new packaging and new superfine formulations. The existing fine Flyaway variant is replaced by an Anti-fizz product.

The range will be supported by a new TV campaign starting in November. Exclusive to Chemex visitors who place orders at the show in the chance to enter a Spot the Volley Ball competition, with the prize of a luxury holiday in the sun.

FLAUNT IT AND PROFIT



Brylcreem Black, the stylish male grooming range for hair and body care. Always in demand.

Always profitable. Always worth a bold display.

CONTINUOUS PROMOTIONAL SUPPORT
INCLUDING CONSUMER
SAMPLING THIS AUTUMN

SB

SmithKline Beecham

Hunt the sovereign at Ernest Jackson

In 1817, to celebrate the launch of his company, Ernest Jackson hid a gold sovereign in his factory and, 175 years later, the whereabouts of the coin remains a mystery. This is the theme of the special trade promotion launched this month to celebrate the company's 175th anniversary.

To solve the mystery, customers will receive a special leaflet showing a map of the original factory plan. The challenge is to guess the hidden coin's exact location. Prizes will be in the form of commemorative coins.

The company has announced a number of new product launches. Potter's Traditional Catarrh Pastilles will have two new sister products — Potter's Traditional Sugar Free Cough Pastilles and Potter's Traditional Sore Throat Pastilles.

The whole range, packaged in traditional livery and eye-catching colours, reflects the strong heritage of the Potter's brand, says the company.

Another launch planned for the Autumn is Ernest Jackson Antiseptic Throat Lozenges,

designed to target the semi-ethical sector of the medicated confectionery market.

The ingredients are amyloketacresol and dichlorobenzyl alcohol and the lozenges will be blister-packed and come in cartons.

Throaties Medicated Pastilles are getting a bright, contemporary new look with a new slogan "Throaties for Throat Ease". The cartons have been revamped so that it is easier to differentiate between the four varieties and strong shades of red, yellow, purple and amber are being used for emphasis.

In addition, Ernest Jackson are putting Zubes Medicated Lozenges back in tins. The red and gold tin, with the Zubes logo, was available at Chemex. And another classic British Lozenge, Victory V has been resurrected by the company and is available at Chemex. Victory V will be available in both sachet bags and stick pack formats.

The company is planning a relaunch and a consumer campaign for the brand in the near future.

Lady Jayne range is relaunched for show

New from Laughton is the relaunched lady Jayne range, featuring a host of new hair accessory products and new brand logos.

For easier identification the range has been divided into four categories, which are colour coded: Utility (rollers, hairpins, etc) is aqua; Styling (brushes, combs, styling aids) is slate blue; Basic Accessories (hairbands, slides, clips) is taupe; Fashion (headbands, scrunchies, ornamental slides in fashion colours) is navy.

A range of new display stands is available for the products, plus a

choice of coordinated cards. Delivery is guaranteed within three days upon receipt of order, says Laughton.

The relaunch will be supported by national advertising in women's magazines from November, plus consumer and trade promotions throughout the year.

New from the Manicare brand will be a compact spinner stand which replaces the former two floor units. The new stand will hold the entire manicare range.

New for the Stratton brand is a range of handbag-size perfume atomiser.

Chemcard awareness

Chemcard, the self-diagnostic cholesterol test, has been relaunched.

Chemcard is a simple, semi-quantitative screen test for the purpose of indicating low, borderline or high levels of blood cholesterol, says the company.

It has been designed as a means of encouraging greater awareness of cholesterol levels, Trevor Barker from Chemcard UK says.

Anyone showing borderline or high readings is advised see their GP or pharmacist to seek further information.

Chemcard UK say the product has potential for mass screening, like that initiated by governments, hospitals and institutions, as it is inexpensive and quickly administered.

The card is available through Farillon.



David Wilkie: healthy interest from pharmacists

Anti-oxidant range appears at Chemex

Healthy Body Products are launching their anti-oxidant capsules into pharmacies and have introduced new products to their range.

David Wilkie of Healthy Body Products says he is very pleased with the interest shown by pharmacists.

He explained to C&D that research into age-related diseases has implicated free radicals and that antioxidants that "mop up" these free radicals will benefit users. He emphasised that his products cannot get rid of wrinkles, and any manufacturer that claims their products can do this is not telling the truth.

The capsules contain: glutathione, vitamin E, beta-carotene, vitamin B complex, vitamin C, calcium and vitamin D. A 24-day supply of capsules costs £16.99. The capsules have been sold in the UK by mail-order for three years.

New products launched were: body lotion (150ml, £7.99); face cream (50g, £6.99), and anti-wrinkle oil (25ml, £10.99). None of the products has been tested on animals.

POS material providing information about free radicals and the role of anti-oxidants is available. **Healthy Body Products. Tel: 0344 890115.**

Designer appeal

International manufacturer Starion Cosmetics debuted Paris Memories, a range of 20 designer fragrances (50ml £1.95 each).

Colour coded

Lagap displayed their new, smaller pack size (60s) of cimetidine and their colour-coded packs. Lowest strength packs have a blue strip and higher strengths have different coloured strips. Strip packs with tear-off blisters mean the pharmacist does not have to find the scissors to cut off odd numbers of tablets. Blister packs have the name and strength on the back.

Quickies

Jeyes displayed new babycare

lines, including an anti-bacterial nursery spray and baby wipes. Also on show was the Quickies range, recently acquired from Smithkline Beecham.

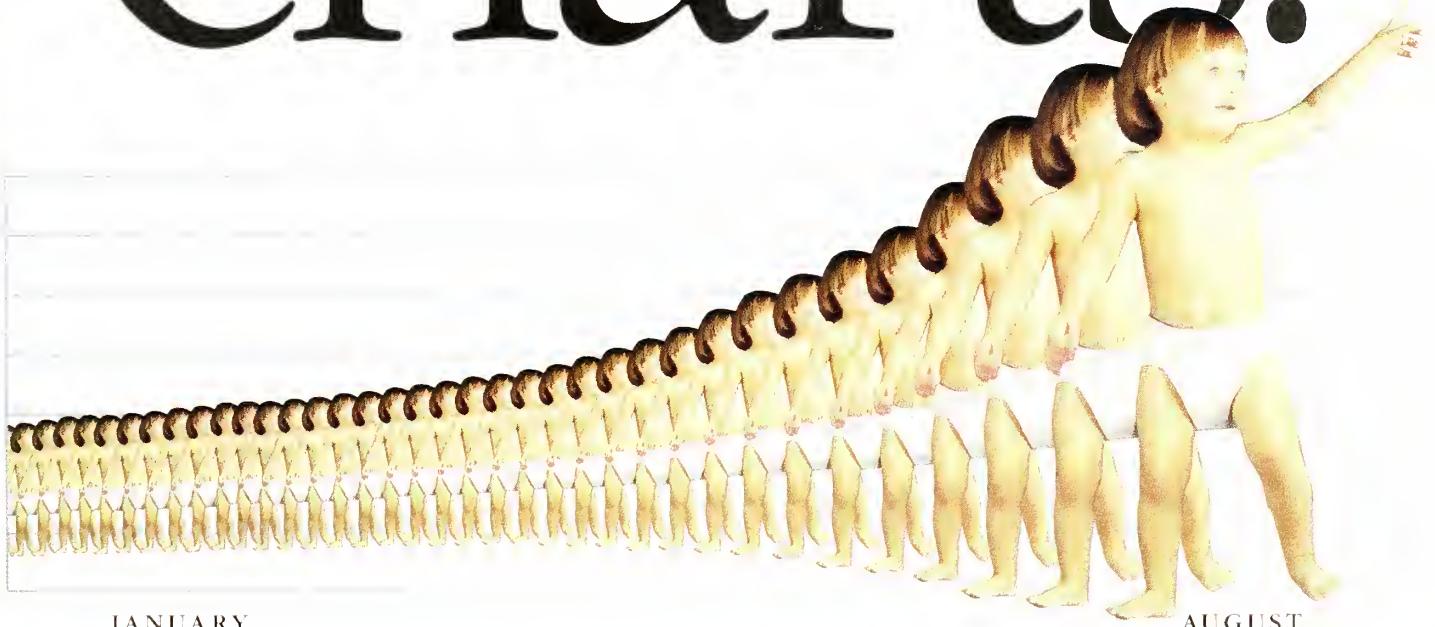
Written answer

Water filter company Waymaster are to produce a newsletter to help retailers promote water filters and answer customer's questions.

Name changed

Eurimpharm Ltd have changed their name to that of their parent company based in Utrecht, Polyfarma. The parent is part of the OPG group, one of the largest distributor groups in Europe. The management structure remains the same.

Dancing up the charts.



JANUARY

AUGUST

In the six months to August this year new Peaudouce has been selling like there's no to-morrow. Both our rate of sale and our brand share have increased four-fold! If that isn't enough to put us firmly at the top of your list, consider our commitment

to new product development – an extra soft liner on Mini size,

Anti-Leak Leg Cuffs on all boy and girl sizes and a narrower crotch for toddlers on Maxi-Plus and Junior sizes.

And then there's our substantial advertising support, high-profile trade

and consumer promotions, and attractive margins...

In fact, we really are the all-singing, all-dancing brand.



Tough on leaks, soft on babies.

*Peaudouce Vol Share Nielsen Scantrack 15.8.92.

STOCK THE WHOLE COLGATE RANGE



The clear green star shaped gel makes brushing fun while the reduced level of abrasives and foaming agents are especially gentle on first teeth and young gums.

A fresh clean taste and maximum fluoride for cavity protection in a blue gel that encourage older children to brush regularly.



Colgate's most advanced toothpaste contains a unique combination of ingredients clinically proven to reduce bacterial plaque, the primary cause of gum disease. It also contains fluoride for cavity protection.

Maximum fluoride protection against cavities. Colgate's unique fluoride and calcium formulation is the family favourite throughout the world - the fastest selling toothpaste in the pharmacy.

THE UK'S BEST SELLING TOOTHPASTE RANGE

As a key provider of community health care products, you will want to stock a wide range of toothpastes. Colgate - world leaders in Oral Care - have a comprehensive range of toothpastes clinically proven to meet the needs of all the family.

A £17 million spend on advertising this year will ensure it's not just your customers who have plenty to smile about.

SMILE AND KEEP EVERYONE HAPPY



Contains a unique pyrophosphate formula
clinically proven to reduce tartar build up - a
problem that afflicts at least 20% of adults. It also
contains fluoride for cavity protection.



SMILE

YOU'RE SELLING THE UK'S NO.1 TOOTHPASTE RANGE
Colgate

Financial pointers to rising blood pressure

Last week's *C&D* has proved to be very stimulating, causing my blood pressure to rise as each page is turned.

What is to become of independent pharmacy?

The overriding message to the Government must be money for new roles first: current remuneration does not allow for any other approach. I also note that the FHSAs are beginning to take interest in community pharmacy. I would urge all pharmacists to be wary of highly motivated FHSAs managers and staff as they also require results with a minimum financial investment.

The RCGP seeks to co-operate with pharmacists: are we again to be asked to give our advice and expertise with no financial reward? Indeed, this advice could lead to a reduction in our income as it is likely to involve an increase in generic prescribing.

I had grown quite fond of my cost-plus contract which helped to cover overheads and losses due to phone calls and postage to correct prescriptions. Now I see that on-cost is to be given to last rites and I will lose my last tenuous grip on inflation in drug prices.

I am interested in the views put forward by the large multiples (and in one case the lack of views) on Sunday trading. I believe all of them would open all day Sunday if they thought it would improve their profits.

Alan Nathan has been brave enough to state the painfully obvious: that the PSNC is powerless. If this is the case, then I suggest that we keep our statutory levy and cancel the LPC conference which is an expensive waste of time and money.

How is "take it or leave it" a basis for negotiation? At the very least, PSNC should drop the "N" as it no longer describes its function.

The last piece of "negotiation" removed fees for extemporaneous dilutions and introduced oral dosage syringes but with only a miserly increase in container allowance. This currently is costing me at least £30 a month over and above the recent loss due to reduction in Drug Tariff prices.

The NPA, the PSNC and the RPSGB Council are all influenced by the interests of large multiples and I suggest that independents are disadvantaged by this, especially considering that they make up the vast majority of community pharmacies.

Our options are straightforward: either lie back and

think of England or we can go down fighting. We must form some kind of pressure group, be it RIP or whatever, in order for our voice to be heard. If we must accept Government imposition then we must at least object strongly when we are disadvantaged.

Write letters, join RIP, vote for Council members who promise to represent you. Do something before its too late!

R.E. Saunders
Walsall

Drug addicts deserve our professional concern

I read Mr Lambert's letter (*C&D* September 5) directly after spending a considerable amount of time "counselling" a drug addict. This involved convincing him that he was not getting his drug supply three days early! This is reality.

The addict is as interested in obtaining his supply and leaving as quickly as possible, as Mr McCraig is in facilitating this. The only reason that an addict appears receptive to counselling is that he sees this show of concern as something that can be manipulated to his advantage.

Unlike Mr Lambert, I believe that the danger then lies when, inevitably, you will have to say "no". The best approach is to be distant, efficient and firm from the beginning to avoid any misunderstanding. I would like to point out to Mr Lambert that there is a world of difference between dealing with an addict alone in a shop, and to dealing with them from behind a screen surrounded by colleagues and other workers.

Community pharmacy provides a service to addicts, not because there is a vast profit to be made, but out of a sense of professionalism because it is necessary. How this service is provided with very limited resources has to be a matter of a professional judgment by the pharmacist, and this is obtained through experience.

Does Mr Lambert honestly believe that no service at all for these unfortunate people is preferable to the type of service advocated by Mr McCraig? Community pharmacy may not be the best place for dealing with addicts but such an accessible service would be impossible to achieve at the same level of public expenditure without us.

I was also a pre-registration pharmacist in South West Thames Regional Health Authority but, unfortunately, we were not given the benefit of a presentation from a community

pharmacist. I urge those of you who have been more fortunate to take advantage of the experience being offered to you.

Julie Short
Sutton, Surrey

Wouldn't it be lovely if...

How refreshing to read Brian Lake's comments in *C&D* August 29, where he dared criticise the untouchables in what many have privately called the "Ivory Tower" in SE1.

As a pharmacy student I had always been taught to put the patient first. Therefore should we not pay more attention to the therapeutic effectiveness of the drugs given to our patients, instead of worrying about storing odd tablets on the shelf?

How often do we come across a script for Ventolin, Becotide, Alupent and beta-blocker(s); or one for an NSAID with Gaviscon; or one for warfarin with aspirin...? With increasing pressure on their budgets, more and more GPs are switching to generic prescribing. But what is the point in writing "nifedipine s/r 20mg tab" or "propranolol LA 160mg caps"?

Who else can better assist a GP using PACT data or even draw up practice formularies than a pharmacist?

While more urgent matters are left idly standing on the shelf, the untouchables seem more concerned with manufacturing various rules and regulations, and exercising their disciplinary powers, regardless of the triviality of the matter. Maybe they have re-election in mind and would not wish to be seen to be doing nothing.

There has been much talk about the Joint Working Party report on the Future of Community Pharmaceutical Services and the implementation of its regulations. But how many of the Nuffield Report's recommendations have been implemented since its publication?

It will be interesting to see whether the untouchables are willing to show genuine leadership and extend the pharmacist's role in primary healthcare, together with appropriate remuneration, in the face of a continually diminishing reward for our professional duties.

During the election period, I have often wondered why other healthcare professions could influence certain political decisions — even whether doctors would hold an annual conference before the election scared the daylights out of the Government — whereas we

pharmacists could not even negotiate a decent pay deal. While most laymen know what the BMA and the RCN are, if someone on the street is asked about the RPSGB, the most likely answer would be "Who?".

I wish we could have a regulatory body with more direction and a higher profile, for the good of the public as well as the profession. Simply because we work in a commercial environment we are often treated as shopkeepers rather than highly trained professionals.

One of the pharmacists I have met, having only been qualified a year, has already become disillusioned. When Mr Deadman was called before the Statutory Committee (*C&D* August 29) I wonder whether his "rude comments" were partly due to years of increasing frustration.

As a preregistration graduate about to qualify as a pharmacist, I find this profession remote from my naive vision when I was a student. It would be lovely, however, if I am forced to change my view in the near future. It would be lovely if I can in a few years paint a more rosy picture for any young school leaver who aspires to be a pharmacist.

J. Tang
Harold Hill, Essex

A useful point on coconut oil

Your correspondent Mr H.R. Patel (*Letters* August 19) makes a useful point in emphasising that coconut oil BP should not be used as an alternative to suntan creams.

Work done on the effect of vegetable oils on human epidermal skin shows the application of the oil actually increases its transparency to ultra-violet light. The effect is rather similar to that produced by oiling a sheet of paper.

The possibilities of burning and damage are substantially increased if an individual applies vegetable oils to the skin and is then exposed to the sun for more than a short period.

There used to be a prevalent misconception which held that the application of any oily substance to the skin would cause a person exposed to the sun to go brown rather than to burn. The phrase "frying rather than boiling" was often used.

I agree that the public should be warned about the dangers of using coconut or vegetable oils as suntan products.

Peter Golding
Technical director, Oral-B Laboratories

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NOTES: 1. The information covering taxation is based on current law which may be changed in the future.
2. The past performance figures are not guaranteed to be achieved in the future.

Rappell the world's first head lice repellent

A breakthrough in the battle against head lice infection has been made with the introduction of Rappell from Charwell Pharmaceuticals. It is the first effective head louse repellent. Tests have proven it to be "very potent", yet it is safe and easy to use and has a pleasant fragrance. Rappell is not a treatment, nor is it classified as a medicine, but it is exclusive to pharmacies.



Incidence of head lice would appear to increase in September. Certainly awareness levels are raised at this time of year among mothers because this is when, after the long summer holiday, schools check the children for infection and, if necessary, advise parents on a treatment.

Although many of the myths about head lice have been eradicated, the stigma lives on. A new consumer friendly product, such as Rappell, is therefore needed to encourage preventative action in order to reduce the chances of re-infection and to protect others at school, or in the family from infection.

Research has shown that worried mothers have been using

head lice treatments particularly shampoos, prophylactically. Professor John Maunder, director of the Medical Entomology Centre at the University of Cambridge, and a world expert on head lice says: "this is unnecessary and unacceptable, not only because it may well speed up the resistance of head lice to treatments, but also because of any effects on the environment."

The development of Rappell has addressed these concerns, providing an environmentally friendly, effective repellent, available in a simple pump spray applicator.

"Rappell will not replace insecticidal treatment but will hopefully cut out their irrational use," says Professor Maunder,

who welcomes the new product and will be actively supporting its launch and promotion. He also says that as the sale of these products are routed through chemists, it is important that the pharmacist knows about the biology, transmission, prevention and control of head lice, in order to best advise his customers.

What are head lice?

Head lice are about 3mm in length, have an average life span of 35/40 days, and breed prolifically. A louse has six short legs, each equipped with a large claw to grasp individual hairs enabling it to move swiftly through the hair. It can also change its colour to match the skin of its host, making detection difficult.

The females (which outnumber the males by four to one) lay six to eight eggs per day. Each egg is glued to a single strand of hair very close to the scalp where the temperature is most favourable to incubation (30-31°C). They too are skin coloured and difficult to see. The average incubation period is 7-8 days and the egg will normally have hatched by the time the hair has grown 3-4mm from the scalp. Ten days after hatching the louse will have matured into an adult and will immediately commence mating and a male louse may mate up to 32 times a night.

How do they spread?

Head lice cannot jump or fly, they can only change from one host to another by head to head contact but it can do this in seconds, given the opportunity. They cannot be caught from hats, clothing, combs or furniture.

The lice feeds solely on human blood and this it does on average five times a day. Its mouth has a retractable fang which penetrates the scalp and probes to find a blood vessel. But before feeding commences it injects saliva containing an anaesthetic, anticoagulant and enzymes. The anaesthetic prevents the host from being aware of the bite, the anticoagulant prevents the blood clotting on its way into the gut of the louse, and the enzymes aid digestion of blood.

Detection

Unfortunately it is easy for outbreaks to proliferate before suspicion is raised. The host is likely to be quite oblivious to the presence of head lice until after about 8-10 weeks and 10,000 bites later, when sensitisation may occur and cause irritation. At this stage tiny red bite spots may be visible.

Ideally treatment should commence with early detection, however, even frequent head inspections are unlikely to detect a colony before it becomes well established, as lice are sensitive to



light and can move quickly away when the hair is parted. Empty egg shells, nits, show as brilliant white specks firmly stuck to one side of the hair shaft, but any live eggs will be closer to the scalp and more difficult to see. Digested blood is expelled as a gritty black powder which may be found on pillows or collars.

A specially designed head lice detection comb used on wet hair will sooner or later pull out a louse if there are any – a six-legged wriggling insect is without doubt a head lice.

Who gets them?

The louse has a preference for female hosts, and children are particularly prone to head lice because they are more tactile and likely to have frequent head to head contact. Although infections commonly occur in children of school age, adults and pre-school children make up approximately 50% of all head lice cases.

As lice like clean hair and scalps, good hygiene will not prevent infection. Brushing can however damage their legs and cause them to fall off and die.

Advising

Individuals who are worried they may have already caught head lice should first use a detection comb. If head lice are present an insecticidal de-lousing treatment must be used before anything else, and the customer advised to inform family and close contacts of the possibility of infection so they can take steps to protect themselves. De-lousing will not repel head lice or prevent them returning. The only effective head louse repellent is Rappell. If treatment is required Rappell should be used daily, following treatment to prevent re-infection. If head lice are not present, but the customer is worried because they are in contact with people who are possibly infected, Rappell is again the product to recommend as a preventative.

What is Rappell and how does it work?

Rappell is an aqueous-alcoholic solution containing piperonal aldehyde as the active ingredient. Piperonal, a white crystalline substance with a sweet floral odour resembling heliotrope, occurs naturally in the oils of some plants to repel harmful insects.

Lice depend on their sensory antennae to keep them within optimum temperature zones. They require a bridge of hair warmed up to 30°C in order to transfer from one head to another. Rappell is thought to provoke a negative response from the antennae receptors causing the lice to avoid movement into the treated areas. Piperonal is commonly used in foods and fragrances with FDA GRAS (generally recognised as safe) classification. Rappell is not classified as a medicinal product and does not require a product

licence, however it is to be sold solely through chemists alongside the head lice treatment medicines.

Administration

Rappell should be used daily to repel head lice infection, or to prevent re-infection after treatment. Use daily during those periods when infection is likely ie when there is an outbreak. It is sprayed onto the brushed and styled hair in the morning between 5 and 25 sprays

half a circular paper pad with a test solution and leaving it to dry. A number (usually 10) of adult lice are placed on the untreated half of the pad, and the pad is incubated at 30°C to activate the lice. The lice then start moving at random around the pad. In the absence of a repellent half the lice would be on one side of the pad and half on the other. When the test solution contains no piperonal this 50/50 distribution is found to occur. However, when the test solution contains piperonal, the lice are found to avoid the treated surface.

Close examination using a low powered microscope shows the lice to approach the treated half of the pad and turn back. Some lice do blunder onto the treated surface but become visibly distressed by the experience and try as hard as possible to leave the treated zone. This test has been performed many times and consistently shows piperonal to be a very potent louse repellent.

Distribution

To ensure fast and effective distribution of Rappell through retail pharmacies, Charwell Pharmaceuticals have entered an agreement with Kabi Pharmacia, the owner of Nicorette. Kabi Pharmacia, will be using their 15 strong OTC sales force to sell in on a transfer order basis and merchandise Rappell to 8,000 retail outlets. They will ensure the unique benefits of Rappell are understood and will provide consumer leaflets and point of sale material. All major wholesalers have listed the product.

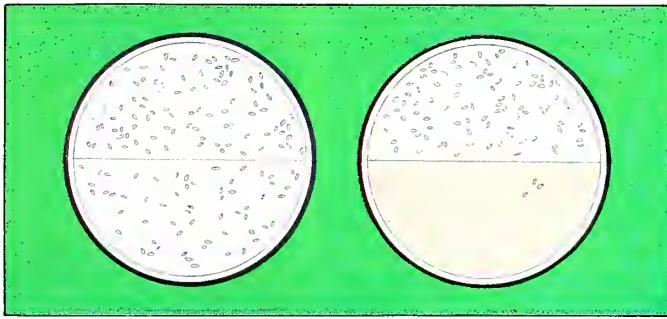
Promotion

Charwell Pharmaceuticals are investing over £500,000 in promoting Rappell in the trade, national consumer and women's press. They will be mailing schools, GP's and regional health authorities with information about the product and offering explanatory posters, videos and leaflets, as well as exhibiting at HVA and Practice Nurse. Later in the year an advertising campaign is also planned.

Display Now'

Pharmacists displaying Rappell during August and September could win a Marks and Spencer voucher worth £50 in the Rappell 'mystery shopper competition'. All you have to do, should the mystery shopper call on you, is answer a few simple questions correctly.

For further information on Rappell telephone or write to Charwell Pharmaceuticals Limited, Charwell House, Wilson Road, Alton, Hampshire GU34 2TJ. Tel 0420 84801 Fax 0420 89376

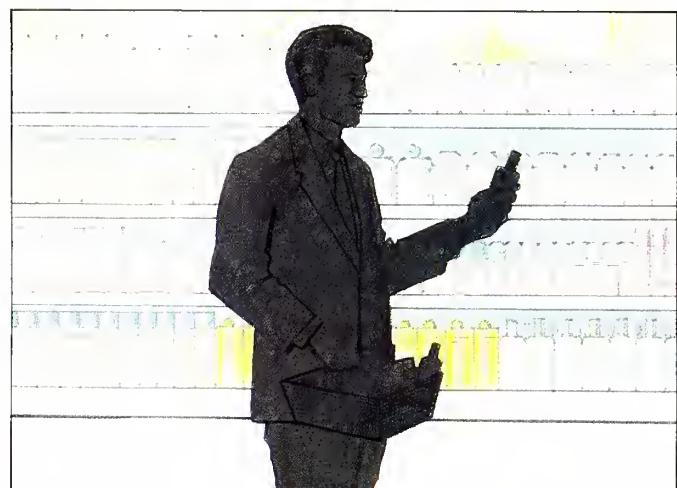


according to the length of the hair and allowed to dry naturally (it is slightly flammable, therefore no heat should be applied). The face and eyes should be avoided.

If a person is asthmatic or has sensitive skin, it should be used with caution to avoid possible aggravation of the condition. Children under two should be referred to their doctor.

Proof Rappell Works

The louse repellent nature of piperonal, the active ingredient in Rappell, has been proven by a repellency arena test developed by Professor Sir Vincent Wigglesworth SRS at Cambridge. The arena test consists of spraying



Reformed alcoholics sought to aid colleagues

The Royal Pharmaceutical Society is looking for reformed alcoholic pharmacists who are willing to help other pharmacists overcome similar problems.

It is part of a scheme being set up to help pharmacists having problems with drink or drugs or who are getting too old to practise safely.

Professor Geoff Booth, member of the Society's Council, told one of the Wednesday afternoon discussion groups that the Council approved a Sick Pharmacists' Scheme as long ago as 1988 but is experiencing difficulties finding the right kind of people to help.

So far, more than 60 pharmacists have volunteered but, although they may be very suitable in terms of maturity and judgment, they have not experienced such problems themselves.

Joe Mee, a Buckinghamshire dentist who runs a similar scheme for the dental profession, said it was important to have advisers who had "been there" themselves and had known what it was like to "lie awake at three in the morning knowing their life is a mess."

Studies have suggested that about 10 per cent of pharmacists, dentists and doctors could be alcoholics.

"This may sound high to you, because you may not know any yourself, but alcoholics tend to withdraw from society. You are unlikely to meet them at pharmacy conferences or meetings," he said.

Addicts were very sensitive about their problem and would adamantly deny it.

They would feel no guilt about telling lies because in their own minds they were telling the truth and had convinced themselves that their drink or drugs were a necessary part of their lives.

"It's pointless telling these

people they have a problem because they won't believe you. But they will believe — and can identify with — someone who can talk about how they used to drink themselves," said Mr Mee.

In the dentists' scheme it is usually relatives or other members of the public who make the first contact. "When we are sure there is a problem we approach the person in a sympathetic way in absolute confidence," he said.

The addicts usually go for in-patient abstinence treatment, after which long-term support is arranged for helping them back to work.

"Confidentiality is sacrosanct because we're dealing with very raw and vulnerable people whose whole livelihood is at stake," he said.

The scheme uses a combination of older, trusted professionals working with reformed alcoholics who have been in complete recovery for at least two years.

Professor Booth said problems arise when pharmacists became addicted because their performance went downhill and complaints from the public started to arrive at the Society's headquarters.

"There are a number of cases where the problem is age," he added.

Sometimes when prescriptions had been wrongly dispensed it transpired that the pharmacist was perhaps suffering from early Alzheimer's disease or was looking after elderly relatives and having problems running a business they should have sold years ago.

"In many cases we feel that such pharmacists should not be subjected to discipline, but the Society is a disciplinary body," he explained.

Rather than referring them to the Ethics, Law and possibly the Statutory Committees, the Society had decided to look for

other ways to help them.

There is still much work to be done before the scheme starts officially, but any previously addicted pharmacists willing to help, or any pharmacists experiencing problems themselves, should get in touch with Beverley Nicol, secretary of the Benevolent Fund, or Denis Argent, the Society's director of finance.



Geoff Booth



Pharmacist David Wood, Numark's retail development director, explains Numark's Retail Concept to two Norwegian students who spent a day at the Conference during a study tour of London pharmacies and Eli Lilly

Quality of life for the new born and their parents

"Quality" is defined in the Oxford Dictionary as "degree of excellence". However, for the purpose of the discussion on "Quality of life for the new born and their parents" Heather Elliston, group chief pharmacist at Great Ormond Street Hospital, defined it as "getting off to a good start in life".

Miss Elliston said that as the new-born are totally dependent on others it is essential that

parents not only want the child but are able to care for it.

Pre-conceptual care aims to have prospective parents in good health by the time of conception. Genetic counselling is available to prospective parents in families with inheritable diseases.

Most UK births are in hospitals, and about 5 per cent of babies, some 35,000 a year, spend time in a special care baby unit. A small proportion

Professional versus commercial pressures

A professional is someone who complies with the Code of Ethics, acts in the interests of the patients, and generally does things well, according to Barry Andrews, superintendent pharmacist at Moss Chemists.

Leading a discussion group on "Professional versus commercial pressures," he defined commercial as "acting in the interests of the trader and concerned with profit to the exclusion of all else".

Retailers can maximise profits in three ways: optimise sales, maximise gross profit margin, and minimise the costs associated with running the business. Profits can only be sustained by loyal customers returning because they like the

service and the goods.

Mr Andrews highlighted possible conflict between the Code of Ethics and commercial interests. To optimise sales in a pharmacy, medicines would have to be sold at every opportunity. However, this is not in the interests of the patient. To optimise profit margins pharmacists would have to recommend products with the highest profit margin, another conflict of interests.

The largest single cost in a pharmacy is staff. Pressure can arise as to when a second pharmacist should be employed. No staff training equates to a cost saving, but also to an inappropriate level of service, Mr Andrews said.

The principles of quality retailing were outlined as having a good range of products; well trained staff; no high pressure sales talk; truthful and appropriate advertising; high standards of staff care; a good range of services. These principles of good retailing are remarkably similar to the Code of Ethics as both act in the interests of the customer or patient, and result in loyal customers and repeat purchases.

In Moss Chemists every prescription is handed out by a pharmacist. Customers seem to approve of this and the extra business in prescriptions, generated over the last five years has covered the cost of

additional pharmacists providing this service.

Mr Andrews concluded by referring to the Unichem takeover of Moss and said there was no conflict as the board of Unichem, like Moss, agree that high professional standards can be combined with high retailing standards, resulting in a sustained profit.

Mr Alan Nathan highlighted the dilemma of the pharmacist who aspires to be professional in a non-commercial sense, but is forced by economic pressures to stock commercial products. Mr Andrews replied that a number of branches of Moss Chemists only stock medicines but are still commercially viable. However, he agreed that it is



Barry Andrews



Gillian Hawksworth



Jane Nicholson

Project checks patient drug levels

Community pharmacists can play a useful role in monitoring blood levels of drugs, believes Gillian Hawksworth, the single-handed proprietor of a pharmacy in Mirfield, West Yorkshire. She is nine months into a research project in which she takes blood samples from patients in the pharmacy, determines the levels of certain drugs and biochemical parameters, and sends the results to the patients' GPs.

Her early findings suggest that this service could reduce GP fundholders' budgets and greatly improve the patients' quality of life, she told one of Wednesday afternoon's

discussion groups.

Mrs Hawksworth measures drugs with a narrow therapeutic index such as digoxin, carbamazepine, phenytoin and theophylline, which hospital pharmacists have been monitoring for some time.

Studies have shown that 70 per cent of patients are underdosed on such drugs and 10 per cent are on toxic doses.

She sees patients in a counselling room where she also does cholesterol and blood pressure testing. She analyses the sample in a small lab at the back of the pharmacy using an Ames Seralyzer.

Her project is being funded by two research awards. The Seralyzer cost about £5,000, which works out at about 50p a test over five years. The reagents and testing strip cost about £3.80 a test.

The highest cost is in professional time: although unwilling to put a figure on this, Mrs Hawksworth said it took at least an hour to interview the patient, take the sample, carry out the assay (about two minutes), interpret the result and send a written form to the doctor.

The costs of these tests had to be weighed against the dramatic savings to be made in preventing hospital admissions.

She is doing the research with advice from Dr Henry Chrystyn, a lecturer at the University of Bradford. He stressed that it was a waste of time just to measure blood levels of drugs; it was essential also to interpret the results. For example it was necessary to know whether the levels were in a steady state or were likely to build up to toxic levels at the dose prescribed. Pharmacists tended to shy away from the term "pharmacokinetics" but now there were computer packages to help, he said, although training was essential.

There was some debate among the group's participants about the risk of antagonising biochemists who thought therapeutic drug monitoring was their role. But it was pointed out that path labs did not interpret the results and often took seven days to do a test which Mrs Hawksworth could do instantly.

Mrs Hawksworth believed it was important to have a good relationship with GPs and practice nurses, again because "in a way, you're entering their territory." Her local GPs had been happy to co-operate and she has their permission to take samples from any patients who agree to it.

Patient satisfaction had been high. "Little old ladies in their carpet slippers" had willingly dropped into the pharmacy on a regular basis to have their blood levels monitored. It had "absolutely definitely" improved patient compliance and she had gained satisfaction from the work.

'Medicines legislation - bureaucracy without benefit'

Jane Nicholson, council member of the RPSGB, chaired the discussion group which was addressed by Alexander Stewart, who worked at the MCA for over 20 years.

"Bureaucracy can be described as any administration in which action is impeded by unnecessary official procedure," said Mr Stewart. He gave this definition during his presentation on medicine

legislation and bureaucracy which formed the basis for the following discussion.

Factors that compel action in government control of medicines include public fear of exploitation by large drug companies and the emotional impact of disasters such as thalidomide. The MCA ensures medicines are of good quality and as safe and effective as possible. The Committee on Safety of Medicines and the MCA attempt to steer a middle course between authorities who suffocate all creative action, and pressure groups who expect 100 per cent safety.

One of the benefits of bureaucracy is that disasters have been averted by the modification or rejection of some applications.

Mr Stewart said over 1,000 variations are being submitted for approval each month. Variations have not been clearly defined and the industry is erring on the side of right by submitting many notifications as variations. In his opinion, only serious changes should be submitted as variations, and notifications should be submitted en masse when the licence is being renewed.

Mr Stewart favourably mentioned the Danish system where one laboratory, funded by all generic manufacturers, produces a standard formula for a drug.

Tim Astill, director of the NPA, suggested that one benefit of bureaucracy is that it removes the threat of litigation from the shoulders of the manufacturer. He was also concerned at the fact that if the UK harmonises with the EC some OTC products such as codeine will lose that status because their sale is restricted in other EC countries.

Mr Gordon Appelbe asked whether there could be another thalidomide disaster. Mr Stewart said he could not give a categorical no but the chances were much less.

of babies, particularly premature babies, have B16 deficiency problems and may require a long stay in specialist centres.

Surgery is sometimes carried out within 24-48 hours of birth on babies with problems such as cleft palate. A growing problem is babies being born with a transmittable disease such as Acquired Immune Deficiency Syndrome.

The pharmacist has an important role to play in providing health information and advice on support and facilities available to parents. The advantages of using

pharmacists in the community include nationwide distribution; accessibility; fair division of sex, culture and age; familiarity with the customer, and the social role of a local retailer. Hospital pharmacists can also be a valuable source of information and support as they are based in the hospital; they know a range of medical specialists, have nationwide distribution; are readily available.

However, they are less likely to be familiar with the family history unless the adult is a regular patient or the baby's stay is a prolonged one.

easier for a multiple to take this risk than an individual proprietor pharmacist.

Mr Roger Mills, Slough, Mrs Emily Kennedy, Bradford and Mrs Elaine Shardlow, Nottingham all agreed that the sale of commercial products attracts "healthy" customers into the pharmacy where they can be given health advice. The sales of non-medicinal products are also opportunities to build a relationship with the customer.

"Pharmacists are not the only professionals experiencing a conflict between commercial and professional pressures," said Mr Tim Astill, director of the NPA. "It's just more overt in the case of pharmacists." He encouraged pharmacists to take a positive view and use the opportunity to be seen to behave professionally, and

build a reputation for reliability. Unlike other professionals, where the customer only uses their services a few times in their lifetime, pharmacists depend on repeat visits by customers.

Mr Steven Williams questioned whether it was professional to blatantly take away business from fellow professionals, particularly using television advertising. Mr Roger Mills disputed that it was unprofessional to try and "get one up on the competition".

When asked by Tim Astill if he envisages pharmacists receiving remuneration for providing facilities for counselling services, Mr Andrews predicted difficulties in deciding whether pharmacists would be paid for the facilities or the service.



Nursing and dental experience with audit was highlighted at Wednesday's community session at the BPC

Whither pharmacy audit?

Confusion about professional audit has given rise to a fear of being tested in some way.

In his presentation to the Conference, Nicholas Wood examined the concept of audit, discussed its structure, and aired some pros and cons. A working party, which he chaired, reported back to the Society's Council in April this year on the topic of audit.

A clear distinction was drawn between extrinsic evaluation, which may involve some testing or measurement of a service, and professional audit, which is a private feedback and self-examination of a pharmacist's own performance.

A professional audit, where individuals or groups of practitioners measure their own performance against agreed standards or objectives, may be seen as an educational tool,

identifying the need for new knowledge and skills.

To prevent it being manipulated as an instrument of health service management it is important that professional audit is owned and operated by the profession itself, rather than an external agency.

When carrying out a professional audit the first step is to establish its objectives. Information on current performance is then collected and analysed and the performance is evaluated against the standards or criteria that have been chosen.

Change may be implemented and then monitoring of this change returns the process to the second stage (collection and analysis of information) for the cycle to begin again.

There is little doubt that audit exercises can promote

high standards of professional practice and service via the process of review, said Mr Wood. Inextricably linked with this process will be a need for further education and training. The improved standards of practice will help the practitioners concerned to avoid circumstances that might lead to litigation.

It is accepted that there will be problems in community pharmacy in terms of time constraints and a natural reluctance to sit down with commercial and professional rivals in order to examine how well or how badly each performs in particular activities.

Pharmacy audit can be progressed with understanding of its principles, with knowledge of its limitations, and crucially with adequate funding, maintained Mr Wood.

Practitioner-based route to change and improvement

The practitioner-based approach to audit is reliable and valid, can be used as a mechanism for improving patient care, and in the long-term may be not just the most cost-effective, but perhaps the only way to achieve lasting change and sustained improvements in the level of service delivery.

These were the conclusions of Gillian Harvey, research officer for the Royal College of Nursing "Standards of Care" project, based on the College's Dynamic Standard Setting System (DySSy).

She identified two main approaches to nursing audit: the "traditional" and "practitioner" based approaches.

The traditional approach advocates "quality by inspection". Standards and criteria are set by groups of experts, usually at a national level, which can then be applied to assess practitioners at local level. The practitioner's role is more reactive, and he or she is expected to respond to recommendations for improvement.

By contrast the practitioner-based approach views "quality as opportunity". The practitioner accepts full responsibility for quality and functions in a more pro-active way. Opportunities for development are identified and the client is seen to play a central role. There has been an increasing shift to this approach.

The RCN DySSy is a client-centred, practitioner-based approach to continuous quality improvement. An area for quality improvement is identified and the broad objectives of the standard are defined in a statement. This statement forms the basis for

identifying outcome criteria, essential to the achievement of the standard.

The criteria, identified in the standard, also form the basis for devising the audit protocol which allows evaluation of the level of compliance. Following a period of implementing the standard, the audit is conducted on an agreed sample and the results are then collated and analysed.

The effect of DySSy on nursing practice and patient outcomes was evaluated in a three year study, the ODySSy Project, set up in 1989 with funding from the Department of Health.

Results of this study, concerned with post-operative pain management, confirmed

the reliability and validity of locally derived criteria. The results also refuted a major criticism of the practitioner approach, namely that it merely perpetuated existing practice.

Findings from the ODySSy research provide more evidence that practitioners can use audit as a mechanism for improving patient care.

The cost-effectiveness of this practitioner approach to quality is debatable but, in the long-term, is probably the only way to improve health care.

Improving quality depends on changing the attitude and behaviour of individual practitioners. This does not happen by chance, but depends upon motivating and supporting people to change.



Gillian Harvey

Audit in practice — the dental model

Mr R. B. Mouatt, chief dental officer at the Department of Health, looked at audit in dental practice.

In August 1991, following discussions with the British Dental Association, the Department launched a pilot peer review scheme for general dental practitioners. Dentists will be able to review aspects of their own professional activities or those of their colleagues.

The review is based on professional trust and all exchanges will be confidential between the dentists concerned. The aim of the exercise is to see where improvements can be made and give feedback to the dentists involved.

It was agreed that funding should be available to compensate dentists for the time spent carrying out the review.

Groups of between two and

ten dentists can review any clinical or managerial aspect of a practice. An application for funding is made describing the review areas, the names of the dentists involved and how many sessions the review will involve (between four and eight).

A review project is expected to be completed within a year. The only other conditions are that each dentist in the group is on a FHSAs list and has earnings of at least 20 per cent of the average annual income for dentists. A local assessment panel considers applications.

When the review is completed the convenor of the group must send a résumé of the group's activities to the local panel to provide feedback on the way the review was conducted. The information is to be presented in an anonymised way so that no dentist is identified with

comments.

The pilot scheme is being overseen by a panel of five dentists: the chairman of the General Dental Services Committee, two other GDSC members, Mr Mouatt himself, and a dentist from the Welsh Office.

Within the first six months of the scheme nearly 900 dentists were taking part in 130 review projects and there are presently nearly 950 taking part in 140 projects.

It is hoped that over the period of the pilot many dentists will become less apprehensive about peer review and recognise the advantages of the scheme, said Mr Mouatt.

Peer review is not audit but it will produce useful information for the system of clinical audit which will be introduced by the Department in the not-too-distant future.

Quality of life symposium

Quality of life was the central theme of the British Pharmaceutical Conference. The conference symposium focused on how to measure quality of life opening with a lecture by Professor Stuart Walker on "Quality of life measurements — an overview".

Innovations in the area of life support machines can substantially extend life in terms of days and weeks, however he emphasised that the additional time must have quality.

Professor Walker said over the last 40 years there has been a development in methodologies from clinical trials, to determine efficacy, to cost benefit analysis, and cost effective analysis, before arriving at quality of life measurement.

According to Professor Walker, today's goal is not so much to seek a cure for the disease but rather to: improve function; resolve symptoms; limit progression, and improve quality of life.

Most quality of life assessment has been carried out on cancer patients but it is useful in a wide range of conditions.

He defined quality of life as a broad range of physical and psychological characteristics and limitations which describe an individual's ability to function and their level of satisfaction associated with this.

He introduced some techniques used to measure quality of life, for example the sickness impact profile, which assesses the impact of sickness on daily activities and behaviour using 136 statements in 12 categories.

Professor Walker believes that quality of life measurement is useful because it: provides feedback to prescribers about outcome; is important to the patient; affects resource allocation; has implications both for research and development and the development of policies in the healthcare sector.

Quality of life measurement is important in the medical, marketing and regulatory areas. Because of its ability to include safety, efficacy and cost in one topic. Professor Walker says quality of life measurement is a "paradigm for the 1990s".

Professor Peter Selby, director of the Institute for Cancer Studies at Leeds University, addressed the conference on the subject of "Quality of life in cancer chemotherapy". His presentation focused on two aspects: methodology, and the relationship between chemotherapy and quality of life.

Although physical side effects of chemotherapy, such as nausea and vomiting reduce patients' quality of life, other factors such as social and financial implications also play a part. It is a fine balance between response rate, survival

and response rate, and toxicity, inconvenience and risk. Achieving the right balance requires consultation with patients on an individual basis.

Measurement of quality of life involves careful design and critical evaluation of the design. He singled out the Rotterdam symptom checklist as one of the best methods of assessing quality of life.

Often researchers working in the area of quality of life assessment in cancer patients obtain results which contradict their theories. One such study was comparing the quality of life of patients with limb sarcoma who had undergone amputation versus those treated by limb-saving surgery. To the surprise of the researchers those who had an amputation actually had a higher quality of life than those who had limb-saving surgery.

Professor Selby concluded that more intensive treatment of cancer patients with more side effects does not necessarily reduce quality of life and that quality of life can improve without remission.

quality of life; quality of life measurement should be incorporated into the undergraduate course; postgraduate quality of life

seminars, and reporting of research in the area of quality of life measurement should be encouraged in the pharmaceutical Press.



Robin Holliday, PSNI president, congratulates the Organising Committee on a job well done



Ian Simpson, chairman of the 1993 BPC Chiltern Conference, sets out his stall



Dr Salek

The final speaker of the symposium, Dr Salek, spoke on the topic, "Health-related quality of life measurement: the role of the pharmacist".

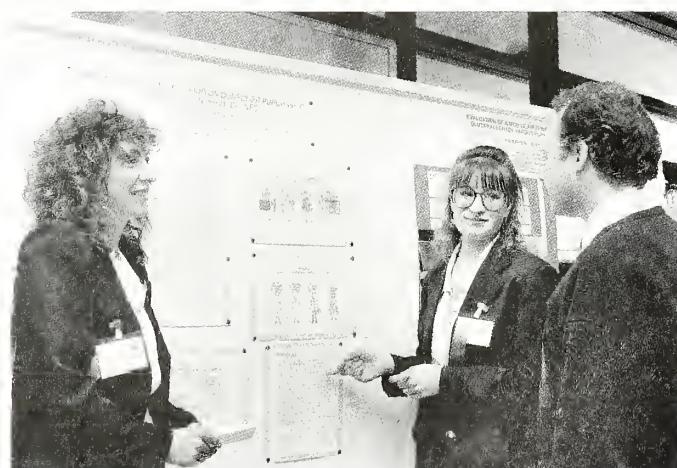
Dr Salek views health-related quality of life measurement as offering a new dimension to traditional, objective methods of measuring outcomes, and one that pharmacists can become involved in.

Traditionally education of pharmacists focused on physiology, molecular biology and professional subjects, with little importance attached to human nature. The pharmacy degree course now includes subjects such as: social and behavioural sciences; statistics; questionnaire design; epidemiology and communication skills. As a result pharmacists are better qualified to assume a new role in quality of life assessment.

Dr Salek made a number of recommendations: professional organisations should take action to increase awareness of



Retiring BPC Conference Science chairman Professor Paul Spencer "chains" Professor Malcolm Rowland of the University of Manchester. Professor Rowland is the first chairman of the new RPSCB Pharmaceutical Sciences Group which supercedes the BPC Science Committee



Patricia Dunbar (left) and Rachel Donnington, Aston University Pharmaceutical Sciences Institute, explain their practice research poster to Dr Richard O'Neill of Harrow. They found that 27 per cent of 150 consumers surveyed would base their choice of OTC medicine solely on information seen in an advertisement. A further 58 per cent would seek the additional advice of a doctor or pharmacist



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Pharmacy update

Research Digest

Dish washing is bad for your health

It seems common sense that repeated exposure to detergents could result in dry skin and even eczematous lesions, but a causal link between washing the dishes and itchy, dry hands is not widely accepted.

Dermatologists from Austria have now provided convincing evidence that household detergents do cause skin problems.

Eighteen volunteers, six of whom were atopic, simulated washing the dishes by immersing their hands — one protected by a rubber glove — in a 0.05 per cent solution of household washing-up liquid at 37°C for 15 minutes, three times daily for three weeks.

Only four volunteers, none of whom were atopic, were free of symptoms at the end of the trial. Ten subjects developed erythema, scaling or fissures, and 14 reported itching, dryness and smarting — although 12 also reported similar but milder symptoms on the protected hand.

Transepidermal water loss (a sensitive marker of epidermal change) increased significantly in the exposed hand in 13 subjects, but in the control hand in only two. However, virtually all skin lesions occurred in people with increased transepidermal water loss.

A slight improvement in water loss was noted after two



weeks, suggesting that adaptation may eventually occur. Three subjects who developed the most severe symptoms on exposure to detergent did not do so in a further trial of exposure to warm water alone, clearly identifying washing-up liquid as the culprit.

Washing the dishes is clearly bad for your health but,

because adaptation of the skin and the use of protective gloves can overcome the problem, that is not an excuse that you can use for long!

Nevertheless, simple advice to people presenting with skin problems affecting the hands could avoid unnecessary treatment.

British Journal of Dermatology
1992;127:131-7



Sticking in the mouth

Treating oral infections by topical administration to the buccal mucosa is effective but could be improved. Gels adhere relatively poorly to the mucosa and much of the drug is swallowed and wasted. Similar problems occur with lozenges.

A group of Belgian pharmacists and surgeons have collaborated to develop a more sticky formulation in an attempt to increase local concentrations of miconazole — for example, for the treatment of oral candidiasis — and have compared this with miconazole gel.

A bioadhesive tablet containing 10mg miconazole was developed, using thermally modified maize starch and the acrylic polymer Carbopol. This was placed on the upper gingiva and pressed for one minute to fix it in place.

Gel containing 60mg miconazole was applied to the mouth at four-hourly intervals, retained for one minute then swallowed.

The tablet remained in place for an average of nine hours, gradually being eroded by normal movements of the mouth. Salivary concentrations of miconazole were more sustained than those produced by the gel, with a mean minimum of 15mcg/ml and a maximum peak of 85mcg/ml.

Although peak salivary levels after the gel reached 92mcg/ml, miconazole was rapidly cleared from the mouth. Despite using a higher dose and repeated application, the mean time for which miconazole levels exceeded the 5mcg/ml inhibitory concentration for *Candida albicans* was 45 minutes after the gel, compared with 10 hours after one tablet.

Comparative studies are needed to test whether this improved drug delivery is reflected in clinical gain but the bioadhesive tablet appears to offer significant advantages.

European Journal of Clinical Pharmacology 1992;43:137-40

Fracture threshold and HRT

The risk of fracture due to bone loss in post-menopausal women depends on bone density at the time of the menopause. Although bone mass can be measured accurately, screening to identify women at risk is not presently available.

However, measuring bone mineral density may eventually be used not to decide who should take hormone replacement therapy, but when HRT should begin.

At Guy's Hospital, bone mineral density was measured in 110 women with spinal osteoporosis and at least one vertebral compression fracture, and compared with that in 1,026 healthy age-matched controls. Bone density in the spine of women with osteoporosis was 26 per cent

lower, and 16-23 per cent lower in the femoral neck.

It has been suggested that a threshold of bone density should be established, below which women should be offered HRT. In this study, however, there was a substantial overlap of bone density between women with and without fractures, so no cut-off point can be defined which clearly divides the groups. Instead, the threshold bone density, below which fracture is likely, could arbitrarily be taken as the 90th centile of women with osteoporosis.

Applying this threshold to the control group (and assuming a constant rate of bone loss after menopause), the authors calculate that average bone

density in the spine declines to the threshold level 18 years after the menopause, and after 15 years for the femoral neck.

These data also show that 25-30 per cent of women aged between 55-59, and 50 per cent of those aged 65-69, fall below the threshold. At least 50 per cent of women would therefore need to take HRT to preserve their bone mass above the threshold until the age of 70, and virtually all women would need HRT if fracture were to be avoided until they reached 90.

If this is so, measurement of bone mineral density could be used to decide when HRT should begin, so that bone loss can be arrested before it reaches the fracture threshold.

Annals of the Rheumatic Diseases 1992;51:1063-5 SC

ACE inhibitors improve outcome in heart failure

Three large and important placebo-controlled clinical trials involving a total of 12,500 subjects have been reported this month which assess the efficacy of ACE inhibitors in the prevention of heart failure.

Known by their acronyms, SOLVD (Studies of Left Ventricular Dysfunction) and SAVE (Survival And Ventricular Enlargement trial), the studies together show that ACE inhibitors:

- Reduce the incidence of heart failure in patients with asymptomatic left ventricular dysfunction (which is believed to progress to heart failure)
- Improve survival after myocardial infarction (MI), a common cause of heart failure.

However, another acronym, CONSENSUS II (Co-operative New Scandinavian Enalapril Survival study), shows that giving an ACE inhibitor to all patients too early after a heart attack may even increase the risk of death.

Among patients with asymptomatic left ventricular dysfunction (usually associated with MI, ischaemic heart disease or hypertension) who were treated with enalapril for three years, deaths were significantly reduced by 8 per cent; hospitalisation for heart failure fell by 20 per cent and new cases of heart failure and deaths were reduced by 29 per cent.

This means that enalapril saves one life and prevents nine episodes of heart failure annually for every 300 patients treated.

It is not known whether this is because enalapril prevents the development of heart failure or because it controls the symptoms.

When captopril is given within three to 16 days after MI for 3½ years, mortality is reduced by 19 per cent — saving one life annually for every 85 people treated.

The risk of developing severe heart failure was cut by 37 per cent and the risk of death from all cardiovascular causes fell by 21 per cent. These benefits were achieved irrespective of the treatment given for heart attack (eg thrombolysis and aspirin).

Captopril appears to act by arresting the ventricular dilation which occurs after MI, a maladaptive process known as remodelling.

However, attempts to prevent remodelling by giving an ACE inhibitor to all patients even earlier after MI achieve no benefit. Enalapril, taken within 24 hours of MI, did not improve survival at six months.

In fact, there was a trend to more deaths — 11 per cent with enalapril compared with 7.2 per cent with placebo — and the trial was abandoned after six months.

It appears that giving an ACE inhibitor to someone who

doesn't need it may adversely affect their recovery, although commentators have noted that the premature closure of the trial means that the follow-up period may have been too short to reveal a benefit.

It has also been noted that ACE inhibitors are often prescribed at insufficient doses. In the trials quoted, 56 per cent of subjects took 20mg of

enalapril daily, and 79 per cent took 50mg of captopril three times a day.

Now that ACE inhibitors have been shown to improve outcome in people likely to develop heart failure, the next target is to learn to use them correctly.

New England Journal of Medicine 1992;327:669-91 and 725-7

Differences in leading generic phenytoin brands

Phenytoin is one of the few drugs for which generic formulations are known, from clinical experience, to differ from the branded alternative. However, several comparative studies of British formulations have not, in the past, confirmed these differences.

Now, the Epilepsy Unit at the University of Wales has compared the bioavailability of Epanutin capsules and Infatabs with five generic formulations from leading manufacturers: Evans, APS, A.H. Cox, and Thomas Kerfoot.

Fourteen people with epilepsy, who were taking phenytoin 200-500mg daily, randomly received the same dose of each of the different formulations for periods of four weeks.

Blood concentrations of phenytoin were measured on the last day of each period, starting with a pre-dose level and monitoring hourly for 12 hours. Each formulation also underwent *in vitro* dissolution testing.

All the tablets passed the BP requirement for *in vitro* dissolution — that is, 70 per cent dissolution within 45 minutes. Epanutin Infatabs, which contain phenytoin acid rather than the sodium salt, giving 8 per cent more phenytoin, produced the highest peak blood levels (20.1mg/litre).

Epanutin capsules produced a peak level of 16.4mg/litre, not significantly different from other products. Evans, APS and Kerfoot products all achieved peak levels of 15.1 to 15.6 mg/litre whereas the Cox product produced a peak level of 18.2mg/litre. There were no differences in the time taken to achieve maximum plasma concentrations.

Taking Epanutin capsules as 100 per cent, bioavailability was 92 per cent with Evans and APS products and 85 per cent with Kerfoot's. Both the Cox product (107 per cent) and Infatabs (121 per cent) had significantly higher bioavailability.

Importantly, there were significant differences between patients taking the same product, both in the peak plasma concentration and in

the difference between peak and trough levels.

In the short period of the study, this was not reflected in differences in the frequency of adverse effects or breakthrough seizures.

Significant differences therefore exist between the various formulations of phenytoin and are sufficiently large for clinical problems to arise if one is substituted for another. *In vitro* dissolution tests appear to be unhelpful. It is also important to note interpatient differences too: what may be safe in one person may not be in another.

Journal of Neurology, Neurosurgery, and Psychiatry 1992;55:688-91

Ways of boosting post-prandial insulin

In people who are not diabetic, insulin secretion rises rapidly following a meal — more quickly than can be achieved by injecting insulin.

Attempts have been made to modify the insulin molecule and its method of administration to diabetic patients to mimic this natural peak in secretion more closely.

These include the development of zinc-free magnesium insulin which is absorbed more quickly than soluble insulin, and the use of a sprinkler needle, which achieves wider distribution at the injection site.

The absorption of magnesium insulin administered via a sprinkler needle has now been compared with soluble insulin (by sprinkler and conventional needles) in non-diabetic volunteers and non-insulin dependent diabetics.

Magnesium insulin achieved concentrations twice as high as soluble insulin after 15 minutes and peaked earlier. By contrast, levels of soluble insulin peaked late and were still above baseline after six hours.

After a test breakfast in diabetic subjects, plasma glucose was maintained below basal levels only by magnesium

GPs' use of NSAIDs

There has been widespread publicity about the risks of NSAIDs and debate about the management of their gastro-intestinal toxicity.

A survey of 300 GPs in Tayside and Fife has shown that they are still prescribing NSAIDs conservatively.

The GPs' criteria for choosing an NSAID included efficacy, previous experience of its use and its profile of adverse effects, rather than lower cost or a convenient dose regime.

Gastritis or peptic ulcer were the commonest adverse effects encountered, with rash, fluid retention and bronchospasm occasionally reported.

Ibuprofen was the first choice of 56 per cent of respondents but was prescribed on fewest repeat prescriptions (51 per cent), suggesting that alternative agents were eventually substituted.

Fenbufen (92 per cent) and piroxicam (80 per cent) had the highest proportion of repeat prescriptions. According to the survey, ibuprofen, naproxen and piroxicam were still the most widely used non-steroidal analgesics.

Sixteen percent of patients received gastro-protective agents in the previous year — surprisingly, Gaviscon was prescribed more often than ranitidine.

Journal of the Royal Society of Medicine 1992;85:442-5



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at current developments in medicine

Consumers less confident than three months ago

The economy looks likely to stay in recession for some time to come, UK economic forecasters now admit, even for pharmaceuticals

In contrast to the optimistic outlook of three months ago, prospects for recovery have taken a severe turndown. The economy is now unlikely to grow significantly this year, with recovery hampered by weak consumer demand.

That, at least, is the view of many forecasters. The Bank of England is in this camp: in its latest quarterly survey it concludes that the outlook

remains very uncertain, but that slow growth should be evident during the remainder of the year.

But with consumer confidence falling back in June and July, other forecasters are less sanguine about the short term outlook. The Chartered Institute of Marketing expects economic activity to drop 1 per cent this year, hold steady in 1993 and grow by 2 per cent in 1994.

The consensus view of private sector forecasters, drawn up by the Treasury, is that the economy will contract by 0.6 per cent this year and grow by 1.6 per cent next.

Weak demand

The latest official figures on High Street business underline the weak state of consumer demand, with the volume of

UK manufacturers' sales

UK manufacturers' exports

UK imports

Estimated home consumption

Retail sales — value (1985=100)

All retail businesses

Chemists

Average earnings (1988=100)

Wholesalers

Retailers

Unemployment (UK per cent)

Sales

Consumer spending (£ billion current prices)

Retail sales — value (1985=100)

All retail businesses

Chemists

Business indicators

Average earnings (1988=100)

Stock changes (£m, 1985 prices)

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Stock changes (£m, 1985 prices)

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Business news

Lloyds spring surprise with vaccines contract

The Lloyds Chemists subsidiary Farillon has won the new contract to distribute NHS vaccines. The company has won the business in direct competition with the best-known national distribution organisations.

The NHS contract is to store and distribute vaccines to hospitals, clinics and general practitioners. Some 720,000 children a year are involved in the vaccination programme, say Lloyds.

Lloyds commercial director Dick Turner declined to put a

figure on the value of the contract, but said Lloyds had "put forward the most soundly based system, and the investment exercise to back it up".

The contract is based on shipments: "The more you move, the more you get paid".

To manage the contract Lloyds are erecting purpose built cold storage facilities at their Romford depot and there will be four regional redistribution centres at Kilmarnock, Avonmouth, Stoke-on-Trent and Hinckley.

Some 44 temperature-controlled vehicles will be involved in the delivery system to distribute the vaccines direct.

Mr Turner emphasises that the investment has the potential to give wider business to Farillon

beyond this specific contract. "The service provides Farillon with a platform on which to expand the service through the supply of further products to hospitals, clinics and GP practices," says a Lloyds Chemists' statement.

Mr Turner said the withdrawal of some MMR vaccines announced as C&D went to press (p491) will not affect the value of the contract to Farillon. "The NHS will use an alternative, so it won't affect the contract. In fact, it could generate business if the NHS chose to use individual vaccines to replace it."

The contract commences in October for an initial three year period with an option for a further two years.

Robinson signs deal with Bausch & Lomb

Bausch & Lomb are to market one of Robinson Healthcare's products in the US in November, in the first of what both companies hope will be a number of two-way, transatlantic, joint marketing deals.

B&L regularly attend Chemex in search of new and novel products. Last year Mike Buettner spotted the very product to give the company "leverage with the retailer and with the consumer in the US", on the Robinson's stand at Chemex.

Although both companies are keeping the brand under wraps until launch, B&L's Robert Moore says the product has proved very appealing in its US trials in what is a \$300 million market sector.

Robinson's managing director Andrew Lauder says the deal meets the strategic target he set two and a half years ago when he joined the company, of finding overseas partners with established names to distribute company products abroad. Conversely, he has his eye on some B&L products.

Mr Moore has nothing but praise for Chemex: "It's an excellent show full of new ideas and products — very different to those in the States."

Personal attack systems

A low-cost, personal attack system, approved by the Department of Trade and Industry, was launched at the Neighbourhood Retailing exhibition, last weekend.

The Shop Link security system, developed by M & B Electronics, comprises a radio panic button, radio-linked sirens, fire alarms and strobe lights. Systems can be built to cover areas from 100,000 to over 1,000,000 sqft.

There are three Shop Link options. The first provides the retailer with a radio controlled panic button which can be worn around the neck or kept in the pocket. When pressed it activates a police-like siren inside the premises.

M & B's technical director Brian Back says this is more flexible than traditional panic buttons which require the retailer to reach where the button is installed. Because this system works on radio-waves it can be activated regardless of where the retailer is in the store, he says.

The other options provide a silent alarm which activates a siren in a neighbour's premises to summon help, and a loud siren and blue strobe light situated outside the premises to attract attention.

Prices start from under £200 trade, and the battery operated devices can be added to existing panic attack systems, says Mr Back.



Unichem's area manager Chris Aylward presents a bottle of champagne to Alan Salter, the company's sixth franchisee

Vales becomes sixth Unichem franchise

Pharmacist Alan Salter has become the sixth Unichem franchisee. He operates Vales Chemist in Worthing.

Mr Salter, 29, has lived in Worthing all his life, and is backed by several years of experience as a manager of local pharmacies.

Vales Chemist was first established in 1885, and the long history of the pharmacy is reflected in the effective use of antique mahogany fittings, with subsequent alterations made in keeping with the original design.

Commenting on the new venture Mr Salter said: "The franchise appealed to me because of the tremendous support package offered by Unichem and the comfort of knowing, in my first business venture of my own, that I have the strength of the UK's leading wholesaler behind me."

Unichem's area manager Chris Aylward said: "Franchised outlets play an important part in Unichem's business strategy and we look forward to welcoming further franchisees."

Secure in the knowledge...

A radio-based portable intruder alarm which can be installed in just three minutes has been introduced by Polaris Telemetry of Derby.

The Polaburg has been designed for use on remote or temporary installations in the retail and construction industries.

In its basic form it consists of three passive infrared detectors, a signal strength meter and an on-off key — all in a briefcase-sized portable container with carrying handle.

Nevertheless, Polaris say the unit has the capacity to handle a wireless personal attack button, door contacts, keypad, vibration and glass break detectors and can also be linked to operate emergency lighting. The cost of the basic system is under £1,000.

Glaxo please shareholders and the City with impressive growth

Glaxo look impregnable following preliminary results showing turnover up 21 per cent and pre-tax profit up 17 per cent. The raw figures for the year are sales of £4 billion and profits before tax of over £1.4 billion.

"The sales and trading profits increases are the biggest in the history of the group," said an understandably satisfied chairman Sir Paul Girolami. He said that the increase in profits over the year is larger than the entire profits for the group nine years ago.

Significantly, Zantac sales have held up well, despite some analysts' suggestion that the drug may have peaked. Although

market share fell slightly, sales have grown 13 per cent to £1,807m.

Dr Ernest Mario, the deputy chairman and chief executive of Glaxo Holdings said: "Zantac's market share will continue to contract and slow down. But the new products in the market are much more expensive and the value of the market is expanding, so even as our share of the market is going down, the actual revenue is increasing."

Dr Mario reassured investors on the status of Glaxo's next generation of drugs. While FDA approval is still pending for Zofran in the USA, the Food and Drugs Administration have not

asked the company for any more information on which to base their decision.

And Dr Mario rebutted the suggestion that there was any cloud over Imigran, regarded as the key to the company's future growth record by many.

"There is no evidence Imigran is connected with myocardial infarcts or death," he said. "There have been only four attacks among the three million in trials, and they had heart trouble already." However, he conceded

that the drug does have a cardiovascular effect on the heart.

On the research and development front Glaxo have injected an additional 25 per cent of funds in 1992, spending some £595m in total.

The company has achieved a 13 per cent increase in earnings per share, up from 30.4p in 1991 to 34.3p this year.

A dividend of 17p has been announced, up 21 per cent on the 1991 dividend of 14p.

ICI head calls for Government money

Western governments should learn from the Asia-Pacific countries, who are supporting their domestic chemicals industries, said ICI chairman Sir Denys Henderson.

Speaking at the second World Chemical Congress in California, Sir Denys said: "In the Asia-Pacific region there is a clear understanding that the source of national prosperity lies in wealth-creating industry. There is a degree of partnership between government and industry which is virtually unknown in the West".

Sir Denys said he completely

agreed with the EC industrial commissioner Martin Bangemann, who is on record as saying: "We seriously need to discard ideology and relax the relationship between industry and politics."

Historically in the West the commercial tradition is that of letting the markets decide, a marked contrast to Asia-Pacific, where government intervention and support are both normal and effective, said Sir Denys.

He said there was no better example than the latest Japanese government package of measures to stimulate their economy.

Coming events

Sunday, September 20

Northern Scottish branch RPSGB Swim-lunch at the Colytumbridge Hotel, Aviemore at 12pm.

Wednesday, September 23

Somerset branch RPSGB Dr David Temple, director of Post-Graduate Pharmaceutical Studies, Welsh School of Pharmacy, Cardiff demonstrate computer assisted learning at the Postgraduate Centre, Musgrove Park Hospital, Taunton. Buffet at 7.15pm. Meeting at 8pm.

Wirral Branch RPSGB Social evening — quiz night at The Arrowe Park Hotel at 8pm.

Advance Information

Numark member wholesaler Hall Forster & Co Ltd trade show at the Federation Brewery, Dunston, Tyne & Wear on September 29 from 4.30pm-9.30pm. Over 40 manufacturers will be attending. Further details from Alex Holliday (Tel: 091 214 0700).

Young Pharmacists' Group annual conference and AGM at The Village Hotel and Leisure Club, Wirral, Merseyside on October 30 —

November 1. Details from Andy Weinronk, 7 Bentley Road, Oxton, Birkenhead, Merseyside L43 5RX.

Tabletting technology An intensive two and a half day residential course on November 23-25 at the Forte Crest Hotel, Guildford, Surrey. Cost £760/£790. Organised by the RPSGB. Details from Dr J A Clements (Tel: 071 735 9141 ext 289).

Symposium on "Naturals" organised by the Society of Cosmetic Scientists at the De Vere Hotel, Swindon on November 23-24. Cost £265/£345. Details from SCS (Tel: 0582 26661).

Interphex 92 the leading forum for the pharmaceutical and cosmetic industries at the National Exhibition Centre, Birmingham on November 24-26. Details from Showcase Communications (Tel: 071 835 2081).

Heart attacks & strokes: new ideas for prevention Two day international conference at the Gloucester Hotel, London on November 30 — December 1. Organised by Charterhouse Conference and Communications Company. Details from Caroline Elliott or Abigail Gill (Tel: 071 606 2351).

Retail confidence still low

Sales in Britain's shops remained weak in August, falling year-on-year for the third successive month. And pharmacists are reporting sales to be poor for the time of year.

These are two of the key conclusions the CBI has drawn from its latest distributive trades survey.

Nigel Whittaker, the chairman of the CBI's distributive trades panel says: "Retailers anticipate a better month in September, but sales are still expected to remain below last year's levels. Shops have continued to cut back sharply on orders placed with their suppliers as they try to reduce the build up in stocks since the beginning of the year."

Despite the general gloom, sales have improved since July, though they remain poor. The upshot is that retailers are continuing to reduce stocks by reducing orders placed with their suppliers.

On the wholesaling side, the CBI's survey suggests that wholesalers report a marked downturn in sales volumes in August, with the lowest balance recorded since March last year. They are also reporting a significant reduction in the amount of orders placed.

"Wholesalers report a marked decline in their ability to increase prices over the past year," says the CBI, "reflecting the difficult conditions."

Computerised health

John Richardson Computers have introduced a health screening and reporting system. JRC Welltest provides the customer with a 12-page report with comment on the results and offers health forecasts and advice on healthcare.

Cholesterol, urine and blood pressure measurements are fed into the computer, along with details of the patients' weight, height and carbon dioxide

emissions. There is also a special women's section relating to contraception, vaginal smears and so on.

The system can either produce a report from test results and a questionnaire obtained elsewhere, or at the same time as the patient undergoes the cholesterol and blood pressure tests. The patient can also see, on screen, the effects of altering bad habits.

Oil on troubled seas

Health supplements producer Seven Seas and Efamol, the manufacturers of Evening Primrose Oil, have ended their patent dispute. Seven Seas have recognised a number of Efamol's patents for EPO products and have reached an understanding which will allow them to continue to market combination EPO products.

steps they should take if they spot an employee with acute mental distress. Tel: 0742 892346.

Popular plastic

A Gallup survey suggests that consumers regard debit cards as the main payment method for the 90s and beyond. Some 40 per cent of people pay by Switch once a week or more, according to Gallup.

ICI expansion

ICI are proceeding with a £45m expansion in Milan for Diprivan production, after successful growth worldwide.

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C1954	AYRSHIRE	Well established pharmacy in close proximity to town centre. Turnover 29,029.2 £369,243 Gross profit £104,164. NHS items 3,800 per month. Freehold property. Offers invited for goodwill, fixtures and fittings, property plus stock at valuation. Finance may be available to suitable purchaser.
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C1938	SURREY	Attractive pharmacy in pleasant location and showing constant growth. Estimated turnover £170,000. Average items 1100 per month. Leasehold. Current rent £7,500 per annum. No opposition in immediate area. £35,000 for goodwill, lease, fixtures and fittings plus stock at valuation.
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C1923	NORTH WEST LONDON	Ideal pharmacy for owner/manager. Estimated turnover £147,000 based on 900 plus items per month. Long lease with current rental £5,500 per annum. Genuine retirement sale. Low outgoings. £30,000 for goodwill, lease, fixtures and fittings plus stock at valuation.
CONTACT EPPING OFFICE		
C1952	CAMBRIDGESHIRE	Situated on outskirts of town centre. Genuine retirement sale. Estimated turnover £31,000. Items approximately 2000 per month. 55 day week. Densely populated area. Quick sale required. Hence £120,000 for goodwill, lease, fixtures and fittings plus stock at valuation.
CONTACT EPPING/WALSALL OFFICE		
C1953	KENT	Situated in growth area, close to two surgeries. Estimated turnover £255,000. Average NHS items 2300 per month and growing. Long lease. Current rent £6,420 per annum. Low outgoings. £125,000 for goodwill, lease, fixtures and fittings plus stock at valuation.
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517 Christchurch Road, Bournemouth BH1 4AQ Telephone: 0202 395832/396711. Fax: 0202 303793	Tudor House, Bridge Street, Walsall WS1 1EZ Telephone: 0922 28748. Fax: 0922 612737	

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NORTHERNS. Main Road Suburban Pharmacy. Turnover under management to March 1992 £255,627 GP28% NHS items 1,620 per month. New fifteen year lease. Great potential for owner manager. Realistically priced for quick sale at £90,000 for GW/Fix plus SAV.

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CAMDEN, LONDON N7 – Locum required for 1-6pm, Monday, Tuesday, Wednesday and Friday, and full day Saturday. Tel: 071-485 2159.

LONDON SE – Locum required for Mon-Fri (Saturday optional) in October and part of November to cover holidays. If interested, longer term available. Tel: 081-761 7296.

SOUTH MANCHESTER – Locum required for alternate Mondays or one in four. Tel: 061-445 1999.

ORPINGTON, KENT – Counter sales assistant and/or dispensing assistant required for high class high street pharmacy. Tel: 0689 831113.

PHARMACY ASSISTANTS

HUYTON, MERSEYSIDE – Full time dispensing assistant required. Tel: 051-489 6860.

LEWISHAM, LONDON SE – Part time shop assistants required. Tel: 081-692 2823.

SITUATIONS WANTED

SUSSEX – Winter holiday? Experienced community pharmacist locum available most weeks in November, December, January and February. Tel: 0444 233839 (Ann Sharpe).

GUILDFORD/WOKING, SURREY – Experienced reliable locum/manager pharmacist available mornings and to 2.45pm. Tel: 0483 760421.

SOUTH MANCHESTER based locum seeks regular days from November. Tel: 061-434 9369.

SOUTH EAST AREA – Dispenser requires temporary work during Christmas, Easter, and Summer holidays. Distinction in Society of Apothecaries examination. Tel: 0273 412195 (Ms Penson).

READING/OXFORD/SWINDON – Experienced, efficient locum available from October 5, for days/weeks. Tel: 0734 263075.

GREATER LONDON AREA/NE London. Experienced Italian speaking pharmacist available for locum, long term and permanent post. Tel: 081-888 2851.

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tential to increase t/o. Reasonable offers for goodwill, fixtures and fittings invited. Tel: 0234 35382.

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TRADE LESS 30%+VAT+POSTAGE – Atrovent 500mcg/2ml sol (exp 3/96); Pulmicort Turbohaler 400 (exp 1/93); Ventodisk 400 (exp 5/94); Ventolin resp sol 20ml (exp 3/94); Panoven; Hypovase 5mg; Polytar emollient. Tel: 071-272 6717.

TRADE LESS 50%+VAT+POSTAGE – 6 x 10 Atrovent UDV 2ml; 50 Burimex 5mg; 70 Myambutol; 40 Zinamide. Tel: 021-558 8837.

200 TECRETOL 400MG (exp 1/93); 90 Provera 100mg (exp 12/92); 30 Transiderm Nitro 10mg (exp 11/92). Trade less 40%+ postage. Tel: 081-743 3887.

TRADE LESS 30%+VAT – 160 Lopid 300mg; 112 Anturant 200mg; 28 Zimovan; 100 Rocaltrol 0.5mcg; 200 Mestinom 60mg; 56 DHC 90mg; 60 Asendis 100mg. Tel: 0623 643801.

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TRADE LESS 50%+VAT – 5 x 10 Calciparine 12,500iu; 3 Conseal 1235; 1 x 1220; 3 Conveen 5150. Tel: 0429 820313.

TRADE LESS 50%+VAT+POSTAGE – 2 x 20 Squibb stomahesive flanges S240; 5 x 10 Convatec S301 38mm ostomy pouches; 3 x 10ml Sodium Chloride inj. Tel: 071-935 9667.

TRADE LESS 35%+VAT – 17 Intron A inj 30 million iu (exp 7/93); 1 x 120 Loron 400mg (exp 10/93). Tel: 0474 533528.

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HARTNELL 'In Love' EDT spray. Please state price. Tel: 0509 234231.

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NOMAD CASSETTES wanted. Any quantity, anywhere. Tel: 0836 618173.

KL7 TABLET COUNTER in full working order. Price asked. Tel: 081-856 1973.

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SECOND HAND Martindale USP and BP.

Must be in good condition. Tel: or Fax: 081-952 2061.

BACTRIM PAEDIATRIC TABLETS for patient on chemotherapy. Tel: 0734 472464

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WEMBLEY, MIDDLESEX – Modern furnished s/c maisonette with garage. Suit up to 4 persons sharing. Tel: 0628 473432.

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EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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To be included under section Heading

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About people



Mr Michael Moon (left) of Bristol, was one of the winners of the recent Ovex competition. His prize winning slogan for the one tablet treatment for worms was: "It's the best one to treat your bum." He is pictured receiving his prize from Janssen area representative, Baden Took

John Goulding retires

John Goulding, business services manager at the National Pharmaceutical Association has retired after 26 years with the Association.

Past and present staff gathered to see NPA director Tim Astill present their gift, a portable radio cassette and CD player, to Mr Goulding.

Mr Astill thanked the former business services manager for building the Business Aids Department from something "virtually non-existent" to one of the most important and visible departments at Mallinson House.

The Business Aids catalogue now includes over 600 items that NPA members can purchase, secure in the knowledge that they have been tried and tested by the Business Services Committee.

The range of goods includes balances, reference books, computers, labels, information



John Goulding stands down after 26 years

leaflets and controlled dosage systems, among many others.

Mr Goulding's successor at the NPA is Trefer Williams.



Famous, but guess who?

Delegates at the "Final Fling" Conference Ball at the Centennial Centre in Birmingham were captured in silhouette form by Megumi Biddle.

The first letter from a *Chemist & Druggist* subscriber to correctly identify this leading pharmacist will receive an additional copy of the Guide to OTC Medicines offered free with last week's issue (which normally retails at £10).

Entries should be addressed to Jan Powis at *Chemist & Druggist*.

Reckitt & Colman announce the winner

Fiona Powrie is the winner of the first Reckitt & Colman Award for Pharmacy Students. Fiona received her prize of a £750 travel grant from Joel Hirst, president of the British Pharmaceutical Students Association, at a reception attended by RPSGB president David Coleman, held at the British Pharmaceutical Conference in Birmingham.

The award is being run by the company in conjunction with the

BPSA. Pre-registration pharmacy students were asked to submit a short proposal on a project which they wished to pursue in Europe. Fiona's project will look at the availability of healthcare in Rumania and the role of the Romanian pharmacist. Fiona has already travelled to Rumania and has learned some Rumanian.

Dr Nick Varey, director of medical affairs, Reckitt & Colman Products, who was one of the

judges, commented on the "superb entries". The entries were judged on the basis of "relevance, doability and the impact it might have", and Fiona's proposal came high on the list in all three categories.

The judges for the competition were: Professor Peter Noyce, University of Manchester; Nicola Gray, past president of the BPSA; Janet Flint of the RPSGB, and Dr Nick Varey.



Fiona Powrie (centre), winner of the Reckitt & Colman Award for Pharmacy Students, pictured with Joel Hirst, president of the BPSA. Her fellow finalists were: front row (L to R) Rachel Doherty, David Pitman, Christina Hughes, Catriona Kerr and Chetna Mehta. In the back row are (L to R): Professor Peter Noyce, judge; Dr Nick Varey, director of medical affairs, Reckitt & Colman; Mark Bryan and Nikki Gray, a judge

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